



TITLE IV-B CHILD AND FAMILY SERVICES PLAN

Submitted To:

U.S. Department of Health and Human Services

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This Child and Family Service Plan is (CFSP) is the report for the five year time period FFY 2015-2019. The CFSP details the assessment, goals, objectives, program plans, services and service delivery strategies.

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I. INTRODUCTION

This Comprehensive Child and Family Services Plan submitted by the State of Kansas details the assessment and plan for improvement for the seven Children and Family Service Review outcomes and systemic factors and services continuum, coordination, and descriptions for the five year time period FFY 2015-2019.

DCF serves customers by providing services in offices and at access points located throughout the state. DCF is comprised of Economic and Employment Services, Prevention and Protection Services, Rehabilitation Services and Child Support Services. Services are provided directly by the agency or through contracted providers and/or community partnerships. Work encompasses services to children, to families with children, and to vulnerable adults or adults who have special needs, and pregnant women using substances. The overarching emphasis is to secure a safe, permanent and self-sufficient environment for the individuals and families who are its customers.

A. PREVENTION AND PROTECTION SERVICES (PPS) is responsible for administering the State's child welfare programs as follows:

The State administers child welfare services through Regional offices and contracts. DCF social workers complete child abuse and/or neglect investigations, assessments of non-abuse/neglect situations, and may provide family services. Family preservation services, reintegration services, foster care services and adoption services are provided through contracts with St. Francis Community Services (SFCS) in the West and Wichita regions and KVC Behavioral Health (KVC) in the East and Kansas City regions. (Attachment 1, Organizational Chart)

The provisions of the following Acts are incorporated into and implemented through the Kansas Code for Care of Children (CINC):

- Title IV-B, subpart 1, Stephanie Tubbs Jones Child Welfare Program;
- Title IV-B, subpart 2, Promoting Safe and Stable Families;
- The Adoption and Safe Families Act, P.L. 105-89;
- Title IV-E, Federal Payment for Foster Care and Adoption Assistance, P L. 96-272;
- The John H. Chafee Foster Care Independence Program, and
- The Child Abuse Prevention and Treatment Act (CAPTA).

The Child and Family Services Plan (CFSP) 2015-2019 will be posted on the PPS Internet at:

<http://www.dcf.ks.gov/services/PPS/Pages/OtherReports.aspx>

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The current Revised Kansas Code for Care of Children [KSA 38-2201et seq.] may be found at:

http://kslegislature.org/li/b2013_14/statute/038_000_0000_chapter/038_022_0000_article/

B. VISION AND MISSION

Mission: To protect children, promote, healthy families and encourage personal responsibility.

Motto: Strong Families Make a Strong Kansas

DCF's initiatives strive to connect children, youth and adult consumers to evidence-based prevention strategies that include safety, permanency and well-being. Such strategies are focused on the family as a whole by providing services at all levels to meet the needs of individual family dynamics. DCF collaborates with a wide range of community service providers and resources to ensure timely and effective interventions. Families are included as partners and are at the center of planning efforts, policy development, program implementation and practices. The agency seeks meaningful ways to keep children safe, promote healthy development of children, and ensure youth emancipated from care receive services needed to promote self-sufficiency.

The agency's efforts focus on factors to target service delivery to more effectively address the issues that help families and children solve the problems that compromise their functioning and well-being.

DCF employs its mission to protect children, promote healthy families and encourage personal responsibility. The agency's charge includes promoting the well-being of individuals and families and assisting them to achieve success in their lives. The broad, overarching outcomes DCF seeks to achieve include:

- Ensure safety, permanency and well-being of children;
- Families and individuals achieve maximum self-sufficiency;
- Families and individuals live in safe, stable and supportive environments; and
- Families and individuals assisted are satisfied with services.

With the above focus in mind, the agency will continue to emphasize the following measurable results:

- Performance improvements in long-term outcomes for Kansas individuals and families which are tracked through CFSR outcomes;
- Reduction in the need for crisis and intervention related services, which are addressed through the community service projects
- Strengthened partnerships with community organizations, which are assessed through annual site visits conducted with all of the Child Welfare Case Management Providers by PPS.

C. COLLABORATION

An integral part of Continuous Performance Improvement is the collection of qualitative data. Meetings and focus groups conducted with internal and external stakeholders provide us with valuable opinions, perspectives, perceptions and ideas that are utilized in our CPI activities. Topics typically include opportunities for improvement identified from sources such as Assessments, CFSR Onsite Reviews and Stakeholder Interviews and from activities such as CPI Quarterly Reviews of case read findings and MIS data. See Assessment of Performance Systemic Factor 6: Agency Response to the Community.

Citizen Review Panels

The CAPTA required Citizen Review Panels are the Kansas Citizen Review Panel from Custody to Transition (Custody to Transition Panel), the Kansas Citizen Review Panel from Intake to Petition (Intake to Petition Panel) and the Child Death Review Board (CDRB). The Custody to Transition Panel is made up of representatives from a variety of agencies and organizations across the state, including: an emergency shelter; an Indian Tribe; the court; JJA; CWCMPs; a university; KDHE; a consumer; Children's Alliance of Kansas; and a GAL. They meet at least 4 times a year. The Intake to Petition Panel meets quarterly. Membership is included in the report in Attachments 2 and 3. The Child Death Review Board meets monthly and includes membership from the Attorney General's office, the Kansas Bureau of Investigation, DCF, KDHE, education, medical profession, a prosecutor and a District Attorney (Attachment 4).

The Kansas Court Improvement Program

DCF continues to collaborate with the court system through participation in the Supreme Court's Task Force on Permanency Planning (SCTFPP) as well as active participation by court personnel on DCF advisory panels. There is court/legal system participation on all three citizen review panels: Intake to Petition Panel, The Child Death Review Board and the Custody to Transition Panel.

DCF and Court Improvement have also begun work on developing court performance measurements on timelines. The reports will address:

- Petition to Adjudication;
- Adjudication to Disposition;
- Removal to the initial permanency hearing;
- Permanency hearing to subsequent permanency hearing;

- Filing of petition to permanency;
- Filing of the original petition to motion or petition for termination of parental rights;
- Motion or petition for termination of parental rights to termination of parental rights; and
- Filing of original petition to the termination of parental rights.

The new timeline reports will assist in driving projects within the collaboration between DCF and the Court.

The two branches of government continue the work of comparing, reconciling and following up on information from the judicial and the executive branch information systems. Under the oversight of the SCTFPP, comparison is intended to assure proper documentation of timely and effective permanency hearings under both the Revised Code for Care of Children and the Revised Juvenile Justice Code. Activities that supported the improvement include the revision of journal entries and orders mandated by Supreme Court Rule 174 (formally known as 155 forms). They are used at every Removal and Permanency Hearing to assure that the required judicial determinations are made. Also, there are judicial reviews of permanency hearings, and the reviewing permanency hearings on a quarterly basis at the Supreme Court Task Force on Permanency Planning.

Since the IV-E Audit in August 2008, OJA has worked with DCF to ensure compliance with federal requirements and achieving the goals of safety, permanence, and well-being for children in need of care and juvenile offenders. The Kansas Supreme Court, through Rule 174, requires the use of form court orders as one means of achieving these goals. OJA staff participated in the planning and preparation for the audit which took place March 10-14, 2014. The collaboration resulted in a positive outcome for Kansas and the State passed the Review. Three errors were documented and two were the result of the lack of judicial determinations. As noted above the SCTFPP has reviewed the errors and will address the issues through the CIP Strategic Plan.

Coordination with the legislative branch of government is facilitated by the ongoing involvement of a Judicial Council subcommittee originally responsible for proposing the legislative revision of both the child in need of care and juvenile offender codes. The subcommittee includes representatives from both the judicial and executive branches of government and continues to assist in the update and improvement of the Supreme Court Rule 174 forms for each code while providing effective leadership and guidance through the legislative process to assure the codes continue to support best practice.

Kansas DCF has demonstrated a commitment to collaboration with the courts which, over time, has created a climate where the shared value of safety, permanence and well-being for all Kansas children provides the framework for delivery of child welfare services. The Court Improvement Project contains specific identified projects such as Juvenile Compliance Module; multi-disciplinary training, and *Engaging Older Youth Project*. Collaboration at the state level in Kansas began early and grows stronger with time. Judicial leadership as a necessary ingredient to continual improvement of child welfare is ongoing in Kansas at both the state and local level.

II. CHILD AND FAMILY SERVICE CONTINUUM

Child Abuse and Neglect Statewide Intervention

A. Kansas Protection Report Center

The foundation of the Kansas child protection system is the Kansas Protection Report Center. The Kansas Protection Report Center receives reports regarding allegations of abuse and/or neglect statewide, 24 hours/day and 7 days/week including holidays. The Kansas Protection Report Center (KPRC) is fully consolidated in two locations. The Topeka location provides 24/7/365 availability and the Wichita location operates during the regular DCF business hours. The telecommunication system was updated in 2013. A single toll free number is utilized and during regular business hours, calls are routed to a single queue at both KPRC locations. The next available agent responds to the reporter regardless of their location. The KPRC utilizes a web based information system to document reports and decisions for further assessment. Reports are accessible to both locations at any step throughout the process, which facilitates timeliness and efficiency.

Reports are received by either telephone, email, faxes, online web reporting or by USPS mail. These various methods provide reporters options to report alleged child abuse and neglect and all reports are processed in the same manner upon receipt by administrative specialists.

Social workers conduct an initial assessment to determine whether the report meets the statutory/regulation/policy definitions of abuse and neglect under the Revised Kansas Code for Care of Children. Reports meeting criteria for further assessment are assigned with one of the following Response types: Abuse/Neglect; Child in Need of Care Non-Abuse/neglect (CINC/NAN); and Pregnant Woman using Substances (PWS).

The Kansas Protection Report Center follows the structured training plan developed with Butler Institute for Families. Critical Thinking training is mandated for all KPRC social work staff within the first few weeks of employment. In addition to formalized training, new KPRC staff receives on the job training through shadowing existing employees, technical training and close review of the new employees work by supervisors. KPRC social workers are licensed in Kansas and require 40 hours of continuing education every two years to maintain the social worker license.

B. The Safety/Risk Assessment

In an effort to continue to improve outcomes for child protection practice, Kansas is receiving technical assistance from the National Resource Center for Child Protective Services (NRCCPS) to evaluate current risk and safety assessments. Assessment for child and family services begins at intake with gathering pertinent and sufficient safety-related information to make an informed decision for the safety and well-being of the child and family. Information gathered includes the extent and circumstances of the situation, child vulnerability, discipline practices, general parenting practices and caregiver functioning. Additionally, information regarding concerns for family violence is gathered on each report. Once a report is assigned for investigation and/or

assessment, a social worker in the local office serving the geographic area where the family resides will make face to face contact with the child to determine initial safety. Reports alleging abuse and/or neglect, receive a determination if abuse and/or neglect is substantiated or unsubstantiated. The safety assessment is a structured method of evaluating potential danger to a child. The assessment tool is designed to assist in determining whether the child may remain safely in the home, or safely return home from police protective custody. Options considered for preventing out of home placement include, but are not limited to: removal of the perpetrator, a safety plan to address the identified safety factors, identification of relatives or kinship resources, referral to family services, family preservation services and/or community resources. The safety assessment is an ongoing process throughout the life of the case. A research based risk assessment tool is completed to determine indications for the likelihood of future maltreatment. The risk assessment tool may identify underlying issues for the situation which brought the family to the attention of the agency. The family based assessment pulls together all the assessment decisions, findings, and conclusions throughout the investigation/assessment process. Engagement strategies are used to actively involve the family in the assessment process of identifying the families' strengths and needs and evaluating all safety and risk decisions and conclusions which informs timely and appropriate interventions to address the safety and well-being of the child and family. Interventions may include referrals to community service providers, family services provided by DCF or community service grant providers, or family preservation services. The assessment information transfers to the service provider for the development of the case plan which relates to the strengths and needs of the family and are designed to help the family overcome barriers to the child remaining at home or returning home.

C. Infants Abandoned At or Shortly After Birth

Infants abandoned at or near birth are covered in Kansas by the provisions of the **Newborn Infant Protection Act K.S.A. 38-2282 et seq(Safe Haven Law)**. Under this provision, “a parent or other person having lawful custody of an infant which is 45 days old or younger and which has not suffered bodily harm may surrender physical custody of the infant to any employee who is on duty at a fire station, city or county health department or medical care facility.” Said statutes further provide “Such employee shall take physical custody of the infant surrendered pursuant to this section and shall notify a local law enforcement agency that the person has taken physical custody of an infant. Upon receipt of such notice a law enforcement officer shall take custody of the infant as an abandoned child. The law enforcement agency shall deliver the infant to a facility or person designated by the Secretary.” The act further provides any person, city or county agency or medical care facility taking physical custody of an infant shall perform any act necessary to protect the physical health or safety of the infant, and shall be immune from liability for any injury to the infant that may result therefrom. Upon request, all medical records of the infant shall be made available to the Department for Children and Families and given to the person awarded custody of the infant. The medical facility providing such records shall be immune from liability for such records release.

D. The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B Subpart 1)

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B Subpart 1) funding is utilized by the State of Kansas to provide family services, family preservation services and

adoption support services. Service delivery is designed to protect and promote the welfare of all children, prevent the neglect, abuse or exploitation of children and support at-risk families through services allowing children to remain with their families or return to their families in a timely manner. Fund utilization also promotes the safety, permanence and well-being of children in foster care and adoptive families and provides training, professional development and support to ensure a well-qualified work force.

Data is provided for community intervention projects (prevention), family services and family preservation (family support), Child Welfare Case Management Provider outcomes (time limited family unification) and adoption assistance (adoption support) as more fully described in the sections that follow.

E. Promoting Safe and Stable Families Programs

DCF utilizes Promoting Safe and Stable Families monies for prevention, family support, time-limited family reunification and adoption support programs. They address prevention initiatives through agency-wide efforts to deliver services in the most comprehensive efficient way possible, while at the same time, building capacity in local communities to meet local needs.

Title IV-B, subpart 2, Promoting Safe and Stable Families funds have been allocated statewide to provide family support, family preservation, time-limited family reunification services, and services to promote and support adoptions through the Child Welfare Case Management Provider (CWCMP) who offer a full array of services to meet these goals. The PSSF funded services delivered by the providers aim at:

- Protecting and promoting the welfare and safety of all children;
- Preventing or assisting in the solution of problems which may result in the neglect; abuse, exploitation or delinquency of children;
- Preventing unnecessary separation of children from their families;
- Restoring children to their families who may be safely returned by the provision of services to the child and family;
- Assuring adequate care of children away from their homes; and
- Placing children in suitable adoptive homes where reintegration with the biological family is not possible or appropriate.

F. Family Services

Family Services are direct services provided by either DCF social workers or the contracted provider. The decision to refer a family for Family Services is made by the DCF Assessment and Prevention in conjunction with the family and is based in part on the Family Based Assessment. The Family Based Assessment pulls together all the assessment decisions, finding, and conclusions throughout the investigation/assessment process. Family Services are considered when there is a need for assistance and the identified services do not require the higher level of intensity that Family Preservation services provide. The difference between Family Services and Family Preservation is the degree of the crisis, related to safety and the potential removal of the child from the home. Family Services are delivered to the family unit rather than to individual family members. However, individual family members may also receive specific services.

Services address the stressors that place the child(ren) at risk of removal. Services also address the stressors impairing family functioning by enabling parents to meet their children's needs and building on the natural resources of the family and community. Services in a Family Service case may be provided directly by the Case Manager and/or a Family Support Worker or they may be referred to other community services. When referred to community services, the role of the Case Manager is to monitor the progress of the services and to communicate and coordinate with the community service provider to ensure the needs of the family are being met. Examples of community services include, but are not limited to; Community Mental Health Centers, substance abuse treatment services, Parents as Teachers, Head Start and Early Head Start, Fatherhood support groups and domestic violence services. Services may be court ordered, recommended by DCF, or requested by the family. These services include the following characteristics:

- Services strengthen the family and promote the safety and well-being of the children;
- Services are delivered primarily in the family home or community;
- Services are committed to reinforcing the strengths of family members, empowering the family to solve problems, and becoming self-sufficient;
- Services enhance parenting skills, family and personal self-sufficiency, family functioning, and reduce stress on families; and
- Services, which are monitored, help families locate and use additional assistance, including but not limited to, assisting a family in developing and maintaining a support system in their community (i.e. a mother is in need of social support from other mothers with young children- part of case may involve helping her develop a social network through play groups, etc. with other mothers in similar situations and ensure such contact is maintained), counseling and treatment services, housing, child care, education, job training, emergency cash grants, state and federally funded public assistance, and other basic support services.

G. Family Preservation Services

The goal of Family Preservation is to provide a full range of services to the family in order to keep the child(ren) safe, improve family functioning, and prevent the unnecessary removal of the child(ren) into the state's custody. The DCF Family Based Assessment process is utilized to initiate services and determine the extent of the family's crisis. Services are home-based and the intensity level is defined primarily by the family, with input by DCF staff, as well as the CWCMP. Providers administer assessments to evaluate family attributes for safety, in-home permanency and well-being during the initial phase of the referral. Family Group Decision Making encourages the family, supported by the CWCMP, to directly assist in creating a service plan which meets targeted needs and emphasizes safety. Identified services are coordinated by the CWCMP and directly provided in the home or through other community resources. On-going assessments are conducted throughout the duration of the referral to monitor the safety, needs and well-being of the family as well and to determine the effectiveness and intensity level of services. The referral period for Family Preservation is for 365 days and services are accessible in all 105 counties of Kansas.

H. Collaboration with the Community Based Client Assistant Program Agency (CBCAP)

The Kansas Department For Children and Families and Kansas Children's Cabinet and Trust Fund (KCCTF) continue as the lead agencies for CBCAP in Kansas. The two agencies collaborate and work cooperatively together through an Inter-Agency Agreement establishing the working relationship, duties and responsibilities between them. The Deputy Secretary of Kansas Department For Children and Families is an ex-officio member of the board for the KCCTF.

The Kansas Children's Cabinet and Trust Fund continues focus on children from birth to age five because they are at the highest risk of abuse and neglect. The Cabinet's Early Childhood Block Grant and Smart Start funding both provide primary prevention services to children birth to five, are targeted to at-risk and underserved populations.

I. Reintegration/Foster Care/Adoption Services

Reintegration/Foster Care/Adoption services in Kansas are completely privatized. The CWCMPs are continually monitored on achieving the CFSR outcomes. The 6 protective factors from the Center for the Study of Social Policy and family centered services are included in their practice models. DCF social workers have the responsibility of monitoring the work of the CWCMPs on an individual case basis.

This includes:

- approving relative placements;
- approving case plan goals;
- reviewing aftercare plans;
- receiving monthly reports during the aftercare period.

The Contractor outcome measures include federal outcome data measures, the outcome for placement in a family like setting, and success indicators of stability in education, connection to relatives and a positive adult role model. The foster care contract includes the provision of all adoption case management activities for a child such as locating permanent homes for children with no identified adoptive resource. Case planning teams determine if concurrent case planning is appropriate and applicable to circumstances of a child and family. Initial team meeting timelines are 2 business days from the date of the referral. The case management provider is required to use a research based instrument for mental health and developmental disability screenings, rather than a specified form or they may use state resource assessment instruments. They are also required to assess children for Fetal Alcohol Spectrum disorders. Providers work directly with the courts. All Reintegration/Foster Care/Adoption Providers do Adoption Case Management. The only other contract for working on adoption is the Adoption Exchange Contract, which manages the adoption exchange website and does generalized recruitment.

The CWCMPs involve families at the policy making level with respect to developing Regional Recruitment Plans to recruit foster and adoptive parents. They are required to have an advisory board comprised of adoptive parents, foster parents, a representative from the legal community and DCF, a state legislator, a youth, birth parents, an educational representative, mental health organizations, and developmental disability organizations. Providers must attend a pre-service training (curriculum) required by DCF and submit quarterly management reports to DCF. The Strengthening Families Program and Kansas Intensive Permanency Project are integrated into the contracts. Communication and coordination with schools is a part of decision-making for placements. The CWCMPs assist youth 16 and older with accessing their credit histories and resolving any problems discovered.

The CWCMPs are involved in the Permanency Advisory Committee and the group addresses issues and needed policy changes. Others representatives include staff from the Regional DCF offices. The group asked KFAPA and KFAN for a volunteer parent who has past involvement in foster care. To date, none have been located. The Committee also reviews applicable parts of the IV-B State Plan for input, strategic planning, and implementation.

J. Permanent Custodianship

In 1999 the Kansas legislature established funding for permanent custodianship subsidy (PCS) to assist families willing to assume this responsibility. Additional funding has been designated for those custodianships established pursuant to K.S.A. Chapter 38, Article 22. Legislation established permanent custodianship in the CINC Code to distinguish it from guardianship established in the probate court. The permanent custodianship process ensures action keeps the CINC case remains in the same court.

The permanent custodianship subsidy is not an entitlement program, funding for the program must be available and the child must meet all of the following criteria:

- Be in the Custody of the Secretary, with or without parental rights terminated, at the time permanent custodianship is established,
- Be age 14 and over, part of a sibling group that has one child age 14 and over, or have other extenuating circumstances that make adoption not a reasonable option.
- Have an order of custodianship (Journal Entry or Letter of Custodianship from the court),
- Not be receiving SSI (as income would exceed subsidy amount); and
- Have an appointed permanent custodian who is an adult eligible to receive TAF.

The Child Welfare Case Management Provider is responsible to assess whether a permanent custodianship best meets the child's needs and to prepare the family for the responsibilities associated with custodianship, including an assessment of the family's capabilities of parenting a specific child. The assessment is completed through a home study process and background checks. When determining if an individual family might be suitable for custodianship of a child in DCF custody, factors considered in the case planning conference are similar to those considered when considering a family as an adoptive resource.

The Director of Prevention and Protection Services must approve eligibility for children for whom extenuating circumstances exists when an adoption is not a reasonable option. Permanent

custodianship subsidy ends when a child is 18 (unless still in high school), the child becomes emancipated, dies or otherwise ceases to need support, the child no longer resides with the permanent custodian, or the permanent custodian fails to complete and return the annual review.

The maximum monthly subsidy payment cannot exceed \$300.00, for permanent custodianships and children do not receive subsidy if their countable income exceeds \$300.00 per month. Once the subsidy amount is established it does not change unless there is a change in the child's circumstances.

A full array of services is provided to the family on an as needed basis to assure the success of the placement. Families or individuals entering into a plan to provide care for the child until age of majority may need help in understanding the effects of separation, abuse and neglect. Families may need added services such as transportation, respite care, mediation, etc. in order to assure the success of the placement.

Permanent Custodianship subsidy does not require an annual eligibility re-determination. An annual review is made to determine if any changes in the circumstances of the child exist. The custodian(s) is responsible to:

- Apply for other financial benefits for the child, e.g., SSI or veteran's benefits;
- Notify DCF immediately of any changes in the child's living situation;
- Notify DCF if the custodianship is set aside or they cease to be legally or financially responsible for the child;
- Notify DCF when the child reaches 18 and has completed high school;
- Notify DCF when the child becomes emancipated;
- Notify DCF if the child dies, or otherwise ceases to need support; and
- Cooperate fully with DCF in an annual review.

As of the end of April, 2014, 272 children had a permanent custodianship subsidy case open.

K. Kinship Care

Per KSA 38-2202(p), "Kinship care" is defined as the placement of a child in the home of the child's relative or in the home of another adult with whom the child or the child's parent already has a close emotional attachment. DCF strongly advocates care for children by their kin as the first choice for placement when the child's family cannot provide adequate care. If the kin are not related to the child, they are required to meet KDHE child care licensing laws and regulations in order to provide foster care.

DCF defines a relative as a person who can trace a blood tie to a child. This includes parents, grandparents, siblings, uncles/aunts, nephews/niece, first cousins, etc. Termination of parental rights does not alter or eliminate the blood relationship to other relatives. A relative is also a person who is or was related to the child through marriage or adoption and with whom the child maintains a kinship relationship, such as step parents, even though the marriage or adoption may have ended.

Relatives are offered the options of receiving TAF assistance from DCF or financial support from the Case Management Provider. If the relative chooses not to receive TAF or is not eligible to receive TAF, the Case Management Provider negotiates a financial support plan with the relative. Relatives may provide out of home care by becoming a licensed relative home or an approved relative home. If relatives choose to become licensed and provide care for related as well as non-related children, they have to meet the same standards as other licensed foster homes, including completion of the PS-MAPP curriculum, clearing criminal background and child/abuse neglect registry checks required by KDHE, and meeting annual training requirements. They also have to be sponsored by a licensed Child Placing Agency. Relative homes that are approved are assessed by the Provider to determine their home is environmentally and psychologically safe for children. The assessment includes FBI fingerprint, KBI and DCF Central Registry checks as well as pertinent social information regarding the family. KBI and Central Registry checks do not have to be completed annually, but DCF may request updated background checks if needed. Completion of the PS-MAPP curriculum is at the Child Welfare Case Management Provider's discretion, but it is encouraged. If the relatives lived out of state at any time within the immediate past 5 years and the permanency plan may become adoption, the CWCMP completes out-of-state child abuse checks. All relative placements are approved by DCF.

For non-related kin placements, the licensing process is expedited so placement of children with non-related kin can occur quickly. The requirement for the completion of PS-MAPP (the group process or Deciding Together) and the other training required prior to a child being placed in the home is waived. The non-related kin complete the PS-MAPP curriculum and other pre-service training prior to licensure. If the non-related kin meets the requirements for informal care (which does not require licensure), including compliance with the background clearances and home assessment, the child may be placed in informal care for the first 30 days of out of home care. Prior to the child's placement, the Provider requests a Child Abuse/Neglect Central Registry check on all members of the non-related kin family who are age 10 and over. The Provider also has the members of the family who are age 10 and over sign a Declaration of No Prohibitive Offenses statement. Signing this form indicates a check of the criminal history database required by KDHE licensure will not reveal conviction for any offenses, unless they have been expunged, which would prohibit KDHE licensure. KDHE completes the KBI criminal history background check prior to issuing the temporary permit. Immediately following placement, the Provider completes the family assessment and licensing packet. The packet is sent to KDHE no later than 2 weeks after the child's placement. KDHE reviews the packet and, if all requirements are met, issues a temporary permit within 30 days after the child's placement. The temporary permit remains in effect for 90 days from the date of issuance. This temporary license may be extended for one additional period not to exceed 90 days, to allow the kin time to complete PS-MAPP.

Case Management Providers negotiate a daily payment with the non-related kin providers to cover the cost of the child's room and board. They also provide the same level of supports and services which are provided to other foster families to ensure the child's needs are met and the placement remains stable.

SFCS has an internal goal to increase the number of relative placements to 35% in both the West and Wichita Region by July 2014. To date, relative placements are below their expectations.

While relative placements for the entire state were 30.6% at the end of April, 2014, the West Region was at 28.5% and the Wichita Region was 26.9%. (These are increases from 27.9% and 26.9% in July, 2014.) In the Wichita Region, getting approval from the Sedgwick County District Attorney's office before placing a child with a relative is a barrier. SFCS has worked through the process for DCF approval of relative homes and has plans for ways to engage families in conversations that lead to viable relative options and complete the required paperwork in less than 4 hours in order to do initial relative placements.

KVC is assuring that all relative placements meet KVC's safety standards and requirements. They hired 8 new Kinship Care Coordinators in the East Region and added an additional 3 Kinship Care Coordinators (for a total of 7) in the KC Metro. The new Kinship Care Coordinators have all been trained on the kinship assessment and the new approval process through DCF. KVC and DCF have had several relative staffings to discuss the appropriateness of some relative options. The benefit of the staffings is that DCF provides historical information on the family while KVC brainstorms possible resources and support needed to ensure children remain safe in their placement with a relative.

Mitch Beemer, a licensed Private Investigator, provides oversight of the ROOTS Program at KVC, and assists with locating relatives. All Case Management staff received Family Finding and Genogram/Ecomap Trainings to ensure complete searches for the relatives of children placed in foster care. Their goal is not only to find placement for the children, but also to locate supportive and permanent connections for the child.

KVC changed the way they ask relatives to be a part of a child's life. Instead of only asking the relative to be a placement resource, they ask other ways the relative can provide support for the child while in care. For example, a relative could tutor a child struggling in math, help with transportation to and from visits, medical, or mental health appointments, support the parent in his/her effort to complete their reintegration plan, or just be available to that child so they know they are part of a larger family system.

KVC is proud of the efforts made to increase relative placements. At the end of April, 2014, The East Region had 33.1% of children in care placed with relatives; and the Kansas City Region had 33.6%. These numbers inspired Kinship Care Coordinators to work toward a goal of 50% of children in relative placement. At KVC they ask staff, "what would you want for your own child," and their answer is always placement with relatives.

The RE/FC/AD contracts and policy changed in July so that all relative placements are now approved by DCF. As DCF and the Providers have worked on the most expeditious ways to get these approvals completed, a decline in relative placements was anticipated. Kansas is still above the performance standard of 29%, and fully expects to see increases in the coming months.

L. Independent Living Services

All youth age 16 in out of home placement who are anticipated to remain in care until age 18 participate in transitional planning which begins at age 16 and continues at each case plan every 170 days until release from custody. The DCF Independent Living Coordinator or designee with DCF is available to assist in case plans, by phone or email, and attends the final case plan. Transition planning helps build a relationship between DCF and the youth while preparing for

transition from foster care services to adulthood. Transition planning ensures no gaps in services occur when a youth leaves the care of the case management provider and when the youth receives services from the DCF Independent Living program.

The child welfare case management providers give youth information about resources for housing, employment, health care, education, etc., upon leaving the custody of the Secretary. The resources include information on services provided through the DCF Independent Living Program. All eligible youth are assisted in completing the application for the aged out medical card and are given a postcard to send to their IL Coordinator when their address changes. All youth are also given laminated cards with the DCF Central Office number and website, which youth can contact for IL services anytime up until their 21st birthday or help in finding other services if they are over 21.

M. Independent Living Program

This program serves adults from age 18 and released from the Secretary's custody until age 21 or 23 if enrolled in post-secondary education or training programs. Independent Living is a voluntary program and adults may receive services anywhere in the state of Kansas. Adults ages 18-23 complete the CLSA and develop an open formal Self-Sufficiency Services Case Plan with the regional IL Coordinator. This plan is adult driven and identifies the individual's goals as well as the steps to achieve those goals. Adults involved in the Independent Living Program are eligible to receive assistance with the following: room/board, medical, completion of high school/GED, post-secondary education or training, mentors, career planning, assistance with checking and correcting credit reports, life skills and other services as identified by the adult.

The Kansas Foster Child Educational Assistance Act which began July 1, 2006, provides tuition and required fees to be waived by educational institutions for DCF youth who meet the eligibility criteria up until the semester the youth turns 23 years. Youth receive additional funds through ETV to help offset other costs of post-secondary education.

Kansas offers the Chafee Medicaid option and extended Medicaid coverage to adults until the month of their 26th birthday for young adults who leave the Secretary's Custody at age 18. The young adult does not have to participate in any other services to be eligible for the aged out medical card.

N. Other Permanent Living Arrangements

The permanency goal of OPPLA is appropriate only for youth age 14 or older, and when documentation has been provided to the court compelling reasons exist which make all other permanency options unacceptable. The compelling reasons may include:

- An older teen requests emancipation;
- A parent with a disability, who even with supports, cannot care for a child, but a significant bond exists between them, and the placement resource is willing to sign a commitment agreement for the child to remain in their home, but is not willing to adopt or be a permanent custodian for the child;
- A tribe has identified a planned permanency living arrangement for an Indian child.

Choosing this option is appropriate only when there is a plan for a specific, long-term placement for the child. Long-term out of home placement is not an acceptable permanency option and is not to be chosen as a planned permanency living arrangement. When the child is in an Other Planned Permanent Living Arrangement, the plan for the child to stay in the placement resource until achieving permanency is documented. The youth and the placement resource sign a commitment agreement indicating their understanding of the plan.

A planned permanent living arrangement is subject to ongoing review at later permanency hearings. Other permanency options for the child continue to be explored throughout the time the child is placed out of the home. The permanency option of OPPLA does not rule out other more permanent options.

DCF posts monthly reports to indicate if children under the age of 14 have a case plan goal of OPPLA. As of the end of April, 2014, no children were on the report. DCF also has a case read question to indicate whether a commitment agreement has been signed when the child is in a placement that is considered to be permanent.

The DCF Regional Independent Living Coordinator or designee attends scheduled permanency plans for all youth in out of home placement with a case plan goal of OPPLA, beginning at age 16, to begin discussion and preparation for self-sufficiency services in the event permanency is not achieved. The DCF Regional Independent Living Coordinator or designee continues to attend the youth's permanency plans until attainment of permanency or aging out of care. Continued involvement assists with engaging the youth and ongoing rapport building.

A transition plan is initiated, beginning at age 16 as well. The youth is assisted in considering and identifying specific options on the transition plan for housing; health care and insurance; education; opportunities for being mentored; continued support services; employment support and services; and other services needed to maintain self-sufficiency for the youth and if applicable, for any minor child of the youth. The transition plan includes where the youth will live and how they will support themselves. Information on available resources from internal and external programs is provided. Referrals to supportive services, when applicable are made. The transition plan includes permanency pacts with supportive adults whom are committed to assisting the youth in promoting continued success along their paths to independence.

III. SERVICE COORDINATION

Prevention & Protective Services consults and coordinates with a wide variety of stakeholders: family members, youth, tribal representatives, Child Welfare Case Management Providers (CWCMP), Medicaid, contracted providers, Kansas Department for Ageing and Disability Services (KDADS) Economic and Employment Services, Rehabilitation Services, Child Support Services, child day care, Head Start programs, family violence programs and Kansas Department of Corrections-Juvenile Services. Coordination of programs is consistent and ongoing both at the state and community levels.

Regular meetings are scheduled with KDADS. A systems collaboration meeting with KDADS, both Mental Health and Intellectual/Developmental Disability, KDOC-JS, KDHE Medicaid staff is scheduled monthly to share information and discuss system barriers and possible ways to address them. PPS has also been involved in task groups to provide feedback about admissions

and discharge policies for state hospitals and Psychiatric Residential Treatment Facilities (PRTFs). A PRTF stakeholder group meets quarterly that includes the PRTFs, KDADS, DCF and KDOC-JS to discuss issues pertinent to them. In June, meetings between PPS and KDADS will begin to work on the psychotropic medications plan. PPS meets every other week with KDADS and the MCOs to staff “complex cases.”

PPS meets with Child Support Services (CSS) on an as needed basis. The most recent meeting was in May 2014 to rewrite the process for making referrals to CSS now that they have privatized.

There is a quarterly meeting between KDHE (licensing), DCF and KDOC-JS to address any common issues. Recent conversations were about background checks in Youth Residential Center’s (YRCs).

Standing Committees Include: Assessment and Prevention workgroup, the Family Preservation Advisory Committee, the Permanency Advisory Committee, Case Readers Workgroup, Eligibility and Payment Workgroup, Adoption Assistance Expert’s Workgroup, and the CAPTA required Citizen Review Panels; the Kansas Citizen Review Panel from Custody to Transition (Custody to Transition Panel), the Kansas Citizen Review Panel from Intake to Petition (Intake to Petition Panel) and the Child Death Review Board (CDRB).

The Family Preservation Advisory Workgroup consists of DCF Regional Program Administrators, Unit Supervisors, PPS Social Workers & Support Services Program Consultants, Family Preservation provider staff, PPS Central Office PPS staff. Meetings are held bi-monthly and facilitated by Central Office Program personnel. The purpose of the workgroup is to serve as a forum for data review and analysis, identifying trends, monitoring outcomes, and understanding root causes.

The Assessment and Prevention workgroup meets a minimum of 4 times a year to analyze/evaluate the Assessment and Prevention program with a focus on safety, permanency and well-being for children and families. The membership includes PPS professionals around the state including social workers, supervisors, program administrators, and an attorney. The Assessment and Prevention workgroup reviews outcomes and utilizes data to identify root causes which informs decisions.

The Family Service Advisory Workgroup consists of representatives from all four DCF regions and staff from each of the four Family Preservation Grant recipient agencies. The advisory workgroup meets every other month to advise DCF on policy and procedures related to the Family Service grant. When grant outcome data is available, the workgroup will be used to review and analyze the data and identify trends. If necessary, solutions to identified problems will be identified.

Family Preservation Focus Groups are held bi-annually in each DCF region. Stakeholders consisting primarily of DCF personnel use this opportunity for problem solving and performance improvement. The focus groups are facilitated by DCF Central Office Program personnel.

DCF hosts the Permanency Advisory Committee (PAC) that meets regularly to promote coordination between the DCF Regions, CWCMPs agencies and PPS Central Office and to update policies. The CWCMPs will continue to assure family involvement at a policy-making level and hold at least one stakeholder feedback meeting per year to solicit input and feedback from families and youth concerning agency policy. They also have an advisory boards. These groups will receive information and provide feedback about the on-going development of the CFSP and the strengths and areas needing improvement in coming years.

The Eligibility & Payment Work Advisory group was renamed Eligibility Advisory work group. The focus will be on developing a plan to provide technical assistance to the regions on determining eligibility, working with OJA on court requirements and KDHE on licensing issues related to group homes. The group is involved in the development, training and implementation of a new automated eligibility system for Kansas called Kansas Eligibility and Enforcement System (KEES). Phase I and Phase II implementation will focus on Medicaid eligibility. Phase I has launched and Phase II is expected to go live in the summer of 2014. Phase III build is underway with the focus on DCF programs of Adoption Assistance, Independent Living, Permanent Custodianship, Family Service Payments, TANF, Child Care, Food Assistance, LIEAP and Work Programs. Foster Care Eligibility will be added to KEES and the build will begin in 2014 and beyond. The PPS Eligibility program manager is involved in numerous KEES workgroups. Membership in the Eligibility Advisory workgroup is PPS central office staff, Support Services Administrators, and PI Supervisors.

The Adoption Assistance Advisory Workgroup will meet quarterly to discuss and review current adoption assistance policies and ensure consistency across the state regarding determining initial and ongoing IVE and State eligibility, negotiations and renegotiations of adoption assistance. Members of the work group include regional administrators, supervisors, adoption assistance specialists and eligibility staff.

IV. SERVICE DESCRIPTION

The state offers services under each category in title IV-B, subpart 2; family preservation, family supports, time-limited family reunification, and adoption promotion and support services. The child welfare prevention initiatives, child protection, family preservation, family support, reintegration/foster care/ adoption, permanent custodianship, kinship, independent living services, independent living program, and other planned living arrangements to be provided in the coming year are described under child welfare services above.

See the CFSP Assessment of Performance document, service array regarding the state assessment of the strengths and gaps in services.

A. Family Support Services

In an effort to strengthen Family Service options for families, DCF implemented the Family Service grant in SFY 2014. The Family Service grant is funded with Community Service funds which historically were used to fund many small individual grants in communities. It was decided to utilize the funds to provide larger Family Service grants so families in all communities in the state would be able to benefit from the services. Each DCF region is served by one Family Service grant provider. The outcomes for the family service grants are:

- 80% of children will remain safely in their home for 365 days post conclusion of the service provision;
- 85% of children will be free from maltreatment from a parent or in-home care-giver for 365 days from the date of referral;
- 75% of families referred for family services will not be referred for Family Preservation Services for 180 days from the date of referral for family services; and
- 90% of children will remain safely in their home for during the open family services case.

B. Family Preservation

Family preservation services are concentrated and clearly defined with an emphasis on intensive, home-based services to families in crisis where children are at imminent risk of out-of-home placement. Services provided by the CWCMP typically include:

- Initial safety assessments;
- On-going assessment and determination of family needs, strengths and well-being;
- On-going safety and risk assessments;
- Assistance in obtaining core support services (day care, respite care, employment, housing, on-going mental health services, etc.);
- Child rearing and behavior management coaching for parents;
- Partnering with early childhood coalitions to emphasize early childhood intervention;
- Assessment and expansion of family supports;
- Coordination of community resources for the family;
- On-going case evaluation and monitoring to assure effective service delivery;
- Family living skills;
- Family crisis intervention;
- Case Management;
- Individual, Couple, and Family Therapy;
- Healthy relationship training;
- Trauma informed treatment and services.

For pregnant women who are abusing substances, these services also include addressing or providing substance abuse treatment and related aftercare, prenatal health care, vocational assistance and case management as appropriate.

As referenced in the CFSP Assessment of Performance document Service Array, Family Preservation services show strength in assessing the needs of the children and providing appropriate services to meet the children's well-being in the areas of; educational, developmental, physical and mental/behavioral health needs. More thoroughly involving the non-custodial parent, generally the father, in the areas of assessment and service provision, as well as substance abuse needs of all family members are areas of opportunity for Kansas. Additional areas targeted for growth include involvement of the child(ren) and father in case planning, the frequency and quality of caseworker visits between the caseworker, mother, father and child, and service provision for the identified dental needs of the child(ren).

C. Time Limited Family Reunification

When a child is not safe in their home and DCF determines services to the family are insufficient to mitigate the threat of harm to the child, DCF works with the County/District attorney to request the court place the child in the custody of the Secretary of DCF for out of home placement. A referral is made to the Reintegration/Foster Care/Adoption Services Contractor, who works with the child and family to achieve permanency.

The Reintegration/Foster Care/Adoption Contractor is the child welfare case management provider who works with families with children placed in the custody of the Secretary and placed outside of the home. The provider assists the family with reintegrating the child into their home and provides aftercare services for twelve (12) months to maintain the family.

Within 2 business days of a child entering out of home placement, an initial team meeting is held. This meeting provides an opportunity for the team to clarify each person's role to facilitate timely permanency. Birth parents are asked to identify any available family supports and services. Plans are made for the first parent/child interaction. Possible relative or other kin placement is pursued if the child was not originally placed with a relative or other kin. Emphasis is placed on working with the non-custodial parent, usually the non-custodial father.

The initial team meeting is attended by birth parents, the child, a DCF representative, child welfare case management provider staff, support persons selected by the birth family and the foster family.

When children are not able to return home, they may have an identified family such as the foster family or relative or kin who is willing to become their legal family either through adoption or permanent custodianship. In these instances the child welfare case management provider works with the child and family to achieve permanency and provide pre-placement, post-placement and aftercare services.

A family centered approach that respects families, recognizes their strengths, and involves natural and community support systems, continues to be utilized in the provision of these services. Families continue to drive the case planning process, and play an active role in development and evaluation of the service delivery system.

Family Centered Practices include:

- Engaging families in service design
- Treating families with respect
- Respecting families' privacy
- Involving immediate, extended and kin family members as active partners in case planning
- Providing services in the most family-like setting possible
- Linking families to community-based, diverse, and comprehensive supports and services
- Strengthening the capacity of families to function independently.

Family Centered Practice is an overall philosophical approach to serving families, not a specific service. As such it is not measured.

D. Adoption Promotion and Support

When parental rights are terminated or relinquished and the child's case plan goal is adoption, the child welfare case management provider prepares the child and adoptive family for adoption, and provides services needed to assist the child to achieve permanency and for the adoption to be successful. The child welfare case management provider is responsible for a full range of adoption services for adoptive families from the time of recruitment to completion of aftercare, 12 months after the adoption is finalized. They work together with the adoptive family and the child to provide supportive pre-placement and post adoptive services. If a disruption (child leaves the home before the adoption is finalized) or dissolution (child leaves the home after the adoption is finalized) occurs during the aftercare period, the case management provider is responsible for placement and other contractual services the child may need. The case management provider is responsible for locating another adoptive family when a dissolution is made known to the agency.

DCF has a policy for relative preference and a requirement for siblings to be adopted together whenever possible. Relatives, the foster family or kin adopt the majority, currently over 99%, of children in Kansas. If the current foster family or kinship caregiver is not the adoptive family, the case management provider assures the child remains with this family until they are placed in their adoptive home. The Child Welfare Case Management Provider and the foster family must answer questions the child may pose, encourage communication between the adoptive family and the child, facilitate visits, and generally serve as the safety net for the child.

PPS does not have data on disruptions (disrupted prior to adoption being completed). Few adoptions in Kansas dissolve. Kansas has tracked adoption dissolutions over the last 11 years, and of 7345 adoptions 5.7% have been dissolved. Kansas does not do reports based on the status of parental rights. As of February 28, 2014, there are 1014 children awaiting adoption. This number includes any child on whom parental rights have been terminated and a case plan of adoption. For children who are adopted, the median length of stay is 31 months as of February 28, 2014.

When the child has no identified adoptive resource, the CWCMP completes an Individualized Recruitment Plan, and if the child is in agreement, attempts are made to find a match for the child through the Adoption Exchange. The focus is on finding the right family for the child, rather than finding a child for a specific family. The child welfare case management provider registers the child on the adoption exchange to maximize the child's opportunity for permanency. The Adoption Exchange is the statewide website that lists all children who are available for adoption and do not have an identified family to adopt them. Beginning in July, 2015, DCF will begin receiving data on which children are listed on the Exchange and will enter the information into FACTS. As a result, DCF will have more robust information and the ability to create reports to assist with better planning and provision of services to children waiting for adoption. The Adoption Exchange Contractor also partners with AdoptUSKids to place children on the National Adoption Exchange when appropriate. The Adoption Exchange Information Form,

filled out by the CWCMP, asks the questions “Can this child be placed out of state? If the child cannot be placed out of state, what is the reason? Can this child be placed in own Region? If the child cannot be placed in their own Region, what is the reason?” In certain situations, a child may have a connection in Kansas that needs to be maintained and it would not be in their best interest to be adopted out of state. If the reason on the form is not clear, the Adoption Exchange Contractor follows up with the CWCMP to assess. At the end of March 2014, there were 380 children listed on the Kansas Adoption Exchange. (This includes children who may be “on hold for a variety of reasons, such as a family has expressed interest in a child but has not yet been selected, a youth is going through a particularly difficult time and asks to take a break, etc. In September, 2014 this number was 148 children.) This number has remained fairly constant over the last 4 years. The number of Kansas children currently on the AdoptUSKids Exchange is 88. This issue will be addressed through the new Adoption Exchange Contract.

In January, 2015, Kansas will be posting an RFP to develop an improved, expanded, Adoption Exchange contract. Currently, persons who are interested in adopting children from foster care have limited options for sponsorship, training and assessment services. The contract will provide funding and a mechanism to assist more families in becoming adopt-only, rather than foster-to-adopt, care providers for children. The new adoption exchange contract will also create a more formalized adoption network in the state, so barriers and challenges can be identified and addressed.

The child welfare case management providers and other Child Placing Agencies in the state recruit, train, retain and support adoption and foster families to meet the needs of the children in care. Targeted recruitment is necessary for children where there are no matches found on the adoption exchange. Kansas will be working with the National Resource Center for Diligent Recruitment to develop a plan to coordinate these services. See the Foster and Adoptive Parent Recruitment and Retention Plan section on for additional information.

KVC has a ROOTS Program Manager that investigates family connections/relatives, both at the time of out of home placement and when searching for an adoptive resource. Case Management staff at KVC receives Family Finding and Genogram/Ecomap Trainings to ensure no stone is left unturned when searching for the relatives of children placed in foster care. Not only is the goal to find placement for these children, but also to locate supportive and permanent connections for the child.

When adoption becomes the case plan goal and there is no identified adoptive resource, SFCS expects the case manager to do a comprehensive file review to revisit relative options. This is also expected if a child disrupts from an adoptive placement. SFCS is implementing a version of Extreme Recruitment differently in 2 Regions. In the West Region, one staff has been hired to focus on finding connections for older youth and youth who have re-entered foster care from either being reintegrated or adopted. In Wichita, the Extreme Recruiter has been in place longer and is being used on cases at the time of referral. The Wichita Extreme Recruiter attends Initial Team Meetings and makes initial calls to relatives to screen for potential placement. There has been an increase in relative placements in Wichita, so it is anticipated there will be more adoption cases with identified relative resources. SFCS also developed a process of staffing cases internally for children who could potentially have a case plan goal of adoption. They

discuss potential identified resources, and if there are none, refer the children to the Extreme Recruiter.

Adoptions from foster care in Kansas increased between SFY 2010 and SFY 2012, from 721 to 777. There was a decrease in SFY 2013, to 620.

E. Adoption Assistance

Adoption Assistance is a program designed to remove adoption barriers for children with special needs. The intent of the program is to assist the adoptive family in meeting the needs of a child. This program is authorized by state and federal statutes and regulations. Kansas implemented a state adoption assistance program in 1972.

The agency's policy is to uniformly operate both the state and federal programs. Adoption subsidy and medical assistance are provided for eligible children regardless of the funding source. Eligibility for adoption assistance is based on the needs of the child, not the resources of the family. In determining the type and amount of assistance, the department reviews the child's, community and family's resources available to meet the child's needs. Children in the Custody of the Secretary or a licensed nonprofit child placing agency may be eligible for one or more of the following types of adoption assistance: Title XIX Medicaid, monthly subsidy payment, special service payment, and non-recurring expenses. At the end of April, 2014, the average subsidy payment was \$ 358.51 a month. At the end of April 30, 2014, there were 8,243 open adoption assistance cases.

Adoption Assistance Open Case SFY

Year Open	# of Cases
2009	6,918
2010	7,255
2011	7,558
2012	7,846
2013	8,048
2014	8,243 at the end of April 2014

V. SERVICE DECISION-MAKING FOR FAMILY SUPPORT SERVICES

DCF utilizes Promoting Safe and Stable Families monies for prevention, family support, time-limited family reunification and adoption support programs. They address prevention initiatives through agency-wide efforts to deliver services in the most comprehensive efficient way possible, while at the same time, building capacity in local communities to meet local needs. In an effort to strengthen Family Service options for families, DCF implemented the Family Service grant in SFY 2014. The Family Service grant is funded with Community Service funds which historically were used to fund many small individual grants in communities. It was decided to utilize the funds to provide larger Family Service grants so families in all communities in the

state would be able to benefit from the services. Each DCF region is served by one Family Service grant provider. The providers were chosen through a competitive bid process. Each provider is responsible to provide services to families throughout their respective regions. This ensures all families are able to receive services if needed. Additionally, the providers may subcontract with or refer families to local community agencies to provide ongoing services.

Title IV-B, subpart 2, Promoting Safe and Stable Families funds have been allocated statewide to provide family support, family preservation, time-limited family reunification services, and services to promote and support adoptions through the Child Welfare Case Management Provider (CWCMP) who offer a full array of services to meet these goals. The PSSF funded services delivered by the providers aim at:

- Protecting and promoting the welfare and safety of all children;
- Preventing or assisting in the solution of problems which may result in the neglect; abuse, exploitation or delinquency of children;
- Preventing unnecessary separation of children from their families;
- Restoring children to their families who may be safely returned by the provision of services to the child and family;
- Assuring adequate care of children away from their homes; and
- Placing children in suitable adoptive homes where reintegration with the biological family is not possible or appropriate.

VI. POPULATIONS AS GREATEST RISK OF MALTREATMENT

Kansas has a universal approach to prevention, incorporating a Strengthening Families and Protective Factors framework to support all families in the state. However, efforts have been made to specifically target those families at greatest risk for abuse and neglect. The Kansas Children's Cabinet and Trust Fund requires grantees to focus on children birth to five because of the highest risk of abuse and neglect during this period. The Cabinet's Early Childhood Block Grant and Smart Start funding, both of which provide for primary prevention services to children birth to five, are targeted to at-risk and underserved populations. Services are targeted to at-risk communities, which are identified through the presence of multiple risk factors including low-income, unemployment, low educational attainment, substance abuse, births to teen mothers, single parent homes, child welfare involvement, homelessness, and crime, among others. In 2011, Kansas conducted a detailed statewide needs and capacity assessment that utilized a range of health indicators, which are also risk factors for abuse and neglect, and selected Wyandotte and Montgomery Counties with the highest needs for targeted home visiting services (through the Maternal, Infant and Early Childhood Home Visiting Program, MIECHV). Services are currently in place in both communities. MIECHV programs served a total of 184 families in SFY 2013. This number includes 63 new enrollees and 145 ongoing families. The maximum case load for MIECHV is 159 families. The current workload puts the program at 91% of capacity. The TIES program served 11 families. Montgomery County reports through the MIECHV program, families are experiencing stability in service provision. The coordinated outreach in both Wyandotte and Montgomery Counties continues. In addition, Kansas ensures that services are available to support the specific populations identified by CAPTA, including: racial and ethnic minorities; children and adults with disabilities; homeless families and those at

risk of homelessness; unaccompanied homeless youth; adult former victims of child abuse and neglect or domestic violence; and, members of other underserved or underrepresented groups.

Kansas Children's Service League (KCSL) has the Statewide Primary Prevention Programs grant which consists of mostly universal programs. KCSL continues some initiatives based on targeted areas for prevention. Data from Prevention and Protection Services regarding the number of assigned reports and/or substantiated findings of child abuse and neglect by county are used to determine where to establish prevention services.

A local initiative in Wichita, hosted by Kansas Children's Service League, the Wichita Child Abuse Fatalities Community Response Team, uses zip codes with the highest fatalities and substantiated child abuse and neglect to place prevention services.

The majority of the prevention groups which have been most successful historically continue to target the following groups: Parents of Special Needs Children, Fathers, and Kinship. Additionally, the Wichita Community Response Team plans to target single moms in the Bridges Program at the Wichita Children's Home, which are mostly young people who have aged out of foster care. The goal of the Bridges Program is to assist young people gain parenting skills and become self-sufficient adults. Services include transitional housing programs, assisting youth in developing skills to live independently, referrals and access to medical and mental health services, preparation for obtaining secondary education, vocational training or employment, and parenting education and support services.

VII. SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Activities to address the developmental needs of children under the age of 5 start with assessment tools to screen for developmental disabilities and mental health issues. The screening tool for mental health, the Social-Emotional Screening Tool-R Children Birth to 5 Years, was developed specifically for children age zero to five. If children age 0-5 screen as possibly having developmental or mental/behavioral concerns, CWCMPs refer them to Infant-Toddler or tinyK for further assessment. CWCMPs provide the services necessary to meet the needs identified by the screening tools. DCF monitors their efforts through case reads. There are 5 questions related to the provision of developmental or mental health services for children in foster care. They are:

- Q31 - During the PUR, did the agency conduct a formal or informal comprehensive assessment to identify services necessary for the child?
- Q32 - Were identified services initiated or provided to the child?
- Q55 - Did the agency assess the child's mental/behavioral health needs?
- Q56 - During the PUR, did the agency provide appropriate services to address the children's mental/behavioral health needs?
- Q57 - Did the agency assess and make appropriate effort to meet the child's developmental needs?

Over the last several years, all of the above questions had results of above 97%, except for Q57, which was over 90%. These questions were answered for all ages of children, so Kansas completed further analysis to determine if the needs of children age 0-5 were being met and they were.

The number of children under 5 at time of removal who exited OOH care in SFY14 YTD (July-March) was 974. (The estimated number for SFY2014 is 1,298.) We anticipate projections going forward to be approximately the same. The number, demographics, and developmental and mental/behavioral health issues can be tracked through FACTS. At the end of March 2014, 31% of the children in out of home placement were younger than age 5, the average age of the 994 children awaiting adoption is 8.48 years, and of the 484 adoptions finalized this SFY, and 45.9% were of children younger than age 5. There are currently 13 children age 5 and under listed on the AdoptKSKids website. All of the other children who are free for adoption in this age group have an identified resource. The children on the adoption exchange have a case plan goal of adoption and do not have an identified adoptive resource. All but 2 of the children age 5 and under are part of a sibling group. Four of the children are from sibling groups of 4. (Attachment 5)

The Children's Alliance of Kansas, through a contract with DCF, provides/supports on-going training for Foster parents. Some of the training topics available for foster parents that are geared toward children age 5 and younger include:

- The Effects of Drugs on the Brain and Development
- Social Emotional Development in Young Children and Managing Behaviors
- Fetal Alcohol Syndrome/Brain Damage: The Link to Behavior
- American Heart Association Heartsaver Pediatric First Aid
- Helping Parents Understand a Child's Brain Development and How It Affects Behaviors
- Child Development
- Play Therapy and Child Development
- American Red Cross Adult/Child/Infant CPR
- American Red Cross 1st Aid-Adult/Child/Infant CPR
- Attachment 101
- Problems Facing Newborns and Babies in the System
- Preventing Misbehavior and Working Through Temper Tantrums
- Period of PURPLE Crying: A New Way to Understand Infant Crying
- Drug-Endangered Children
- Healthy Development and Attachment for Infants and Toddlers in the Child Welfare System
- Early Brain Development
- Developmental Milestones
- Understanding Speech Patterns
- Rocking the Child and Other Bonding Methods

VIII. SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

In Kansas, if the adoption of a child from another country disrupts and has not been finalized, the adoption agency would be contacted to assume responsibility for the child. If the adoption of a child in Kansas has not been finalized and no agency is involved or the child is not here for the purpose of adoption, the consulate for the child's country would be contacted and they would plan for the child accordingly. In the interim, the state agency would provide the same care and services to protect and care for this child as they do for any child. If a finalized adoption disrupts

the child would be placed in the custody of the state, they would enter foster or kinship care and receive the same care and services as any other child in state custody. FACTS includes information about whether a child in state custody has had a previous adoption, whether the parents have relinquished their parental rights or the court has terminated their rights.

Over the last 5 years, Kansas has had 11 children adopted internationally placed in DCF custody for out of home placement. Children receive services to either reintegrate them with their adoptive families, or services to help them achieve permanency with a different family. Also, children in Kansas who are diagnosed with a Severe Emotional Disturbance are able to access Psychiatric Residential Treatment Facilities without being in DCF custody. We think this is an area of strength for Kansas. Post-adoption services are available for 12 months following reintegration or adoption for those children who do enter foster care, but services for other adoptive families and for longer than a year are areas of opportunities. Discussions have begun regarding how to address post-adoption services.

IX. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

The state invited the four federally recognized tribes in Kansas to a stakeholder meeting on June 6, 2014 to provide input for the development of the 2015-2019 CFSP. Invitations for the inclusion of tribal representation for participation and input were sent to: The Iowa Tribe of Kansas and Nebraska located in Brown and Doniphan counties in Kansas, Tribal Board Chairperson Brad Campbell; Kickapoo Tribe in Kansas located in Brown County, Tribal Board Chairperson, Steve Cadue; Prairie Band Potawatomi Nation located in Jackson County, Government Center Chairperson; Steve Ortiz and Sac and Fox Nation of Missouri is located in Brown County, Chief Administrative Officer, Don June. No comments were received from Tribal Representatives.

The tribes are involved in two of the state's Citizen Review Panels, (Intake to Petition and Custody to Transition). DCF has implemented statewide meetings with all the tribes and it was agreed to meet at least three times a year. The statewide meeting includes representatives from the tribes, foster care providers, Office of Judicial Administration, Kansas Department of Health and Environment, Administration of Children and Families, the Governor's office tribal liaison and PPS. In addition to the statewide meeting individual site visits and case by case consultation provides on-going collaboration and coordination at all levels. The tribes, foster care providers and the state work together to improve ICWA compliance and address barriers.

DCF staff will conduct at least one site visit to each Tribal Social Services Department every year. The DCF regional representative, and the Office of the Governor's Native American Affairs Tribal Liaison/Executive Director, will attend the meetings when availability allows. The purpose of site visits is to further facilitate on-going tribal and state partnerships for the provision of tribal child welfare programs and to offer technical assistance. The site visit includes meeting new tribal staff, reviewing the MOU, answering questions and providing information to each other. The up-coming grant or grant renewal amendments, including the submission of invoices/ written justification of invoice line items modifications will be discussed. Information concerning upcoming Independent Living Services events and the National Youth in Transition Database (NYTD) will be provided. The site visits provide the

opportunity to share information with each other regarding any changes and updates in the system. Tribal social services concerns will be addressed and follow-up provided. The tribes may ask program questions any time during the year. PPS will remain in regular contact with the tribes through emails, telephone calls, requested meetings by the tribes in addition to the statewide meetings and annual site visit to each tribe.

DCF plans to consult with the tribes during SFY 2015 to provide information about the importance of obtaining credit reports for youth; the potential consequences for identify theft and fraud; and the resources for addressing credit problems for children under age 18. DCF will provide to the tribes technical assistance about obtaining credit reports.

On May 1, 2014 The Consumer Financial Protection Bureau (CFPB) published action letters for child welfare caseworkers to send to credit bureaus if they find errors on the credit reports of the children in their care. DCF will provide tribal staff with these action letters and additional materials. These action letters will then be available as a tool for Tribal staff to address areas of concern.

Child Focus, Inc. and Credit Builders Alliance are presenting a series of webinars developed with input from the Credit Check Learning Community (CCLC). The CCLC is comprised of child welfare agencies throughout the country dedicated to learning from and contributing to each other's experience implementing the federal credit check mandate in order to achieve its intended goal: To verify the credit status of youth in their care and help them address and resolve any inaccuracies, identity theft, or fraud reflected on their credit reports if such reports exist. Tribal staff will be provided information on how to attend these webinars and information gathered from them via DCF IL staff participation.

Each tribe has a Social Service Department that addresses the full range of child welfare issues occurring on the Reservation and with tribal members living near the Reservation. If a child living on or near the Reservation comes into Tribal custody the Tribal Court Judge presides over all child welfare matters related to the case.

A. Services Provided by the Tribes through the Child Welfare Grants from the State

The comprehensive Social Service Grants with all four tribes for Child Prevention & Protection Service, Family Preservation and Foster Care Services are funded through State General Funds (SGF). Independent Living services are funded through Chafee. Regular contact with Tribal staff is conducted through scheduled meetings made directly by PPS staff for coordination of child welfare services. Each tribe submits a quarterly program report reflecting the number of tribal families and children served. Each program report is reviewed by the PPS CO program manager. The regional tribal liaison is available for consultation regarding case specific child protective services and foster care cases. The regional tribal liaison participates in site visits as requested.

B. Child Protection Services

Tribes will conduct investigations on reports received from the community regarding the alleged abuse or neglect of children. Upon completion of the investigation, the tribal worker will file, if necessary, petitions to the court, refer the family for services, or close the case. If during the investigation, the perpetrator is substantiated, the tribal worker will forward the information to the East Regional office for inclusion in the Child Abuse and Neglect Registry.

C. Family Preservation Services

Tribes will provide prevention services to families at risk of child removal with the goal of maintaining the family unit and preserving tribal connections. A family support worker may also be utilized in this program. The services in this program range from intensive direct services to referrals to community resources. The primary goal of this program is to assist families and to help them to learn how to access resources and informal support systems independently of government involvement. Each tribe is required to submit a quarterly program report which provides data concerning the services and number of families/children served.

D. Foster Care Services

Tribes provide services to assist youth in need of out-of-home placement. A family support worker may also be used in this program. Each tribe is responsible for the staff hired to provide the services, which may include a tribal support worker. The services include case management, placement of children in approved relative homes or licensed foster homes by the tribe, in conformance with placement practices of ICWA, case planning, reporting to the court on the progress of the case, assisting with child care costs, and the direct provision of or referral to services to the family and child to assist in reintegration. This service may also be used to provide any out-of-home needs of children who are unable to be returned to their family of origin, such as adoption, custodianship, or another planned permanent living arrangement.

E. Independent Living Services

Tribes assist youth who are age 15-21 and in custody pursuant to an order of the tribal court. The services provided in this program include any service to promote the youth's independence, including subsidy, adult education classes, independent living classes, and assistance with obtaining job skills. Life Skills Services provided by tribal workers are identical to those provided by the child welfare contractors.

Regular contact with Tribal staff is conducted through scheduled meetings made directly by PPS staff to tribal staff for coordination of child welfare services. All youth currently in out of home care or custody are informed of program eligibility and resources by contractor, JJA, Tribal and DCF staff at case planning conferences. Tribal youth are invited to participate in the PPS Computer Camps and the annual summer youth conference.

Tribal social services staff members are provided information and invited to participate in the Citizens Review Panels.

F. Memorandum of Understanding

The Memorandums of Understanding (MOU) with each tribe (Attachments 6-8) describe the measures taken by the state to comply with the Indian Child Welfare Act. The MOUs are reviewed annually with each tribe. Sac and Fox's signed MOU has not been received. DCF will set up individual meetings with each tribe to review and individualize each tribal MOU.

The MOU between the Kansas Department for Children and Families and Kickapoo Social Services was signed by the DCF Secretary on February 7, 2103 and by the Kickapoo Tribal Chair on March 21, 2013

The MOU between the Kansas Department for Children and Families and the Native American Family Services Inc. was signed by the DCF Secretary on February 7, 2013 and by the Iowa Tribe of Kansas and Nebraska Tribal Chairperson of Social Services on April 2, 2013.

The MOU between the Kansas Department for Children and Families and the Native American Family Services, Inc. was signed by the DCF Secretary on September 24, 2012 and the Prairie Band of Potawatomi Social Services and Prairie Band Potawatomi Nation Tribal Chairperson on October 19, 2012.

The MOU affirms the state's commitment to prevent unnecessary removal of Indian children from their caretakers, and to secure an emergency placement with an Indian relative or an Indian foster home whenever possible, if placement becomes necessary.

The MOU outlines with each tribe the understanding that the respective tribal social service agency has been designated by the tribal government to provide child welfare services to the children and families of the tribe on or near the reservation. In addition, each MOU states DCF is the single state agency designated for the purpose of receiving and distributing federal funds for the protection of children, prevention of child abuse and neglect, the provision of safe and stable homes for children throughout their minority and the implementation of all applicable state and federal child welfare laws.

The MOUs outline with each tribe the policy of DCF to involve Indian tribes and organizations at the earliest possible point in social service intervention with Indian families, whether the Indian children are from the Tribes based in Kansas or from tribes based outside Kansas. The purpose of such involvement is to:

- Facilitate communication with the Indian family,
- Prevent unnecessary removal of Indian children from their caretakers.
- Secure emergency placement with an Indian relative, or an Indian foster home whenever possible.
- Assist with the notification requirements of the Indian Child Welfare Act,
- Assist in securing reliable identification of Indian children, and
- Assist in the placement of Indian Children in appropriate homes.

Each MOU outlines the understanding between DCF and the tribal government in relation to the identification of tribal children and tribal affiliation, children in need of care assessments, services to prevent out of home placements, the decision to petition, transfer of jurisdiction, adoption and funding for Indian children in foster care and licensing requirements for foster homes.

PBPN provided written feedback for the MOU and tribal consultation. They would like it amended to include a statement recognizing the sovereignty of the PBPN and that the PBPN has civil jurisdiction over its members and children in Indian Country. Tribal consultation should include timely notice to the governing body of the Tribe and opportunity for meaningful consultation. PBPN recommends that there should be a reference to the government to government relationship between the Nation and the State. DCF will have further discussion with PBPN and the other three tribes about the MOU in FY 15.

DCF considers a child to be an Indian child if any party to the case, any person, Indian tribe, Indian organization or public or private agency informs the worker that the child is a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe. Upon receipt of a petition or referral pursuant to the Code for Care of Children, regarding a child whom DCF social workers know or have reasonable cause to believe is an Indian child, the social worker will contact tribal social services of the respective tribe regarding the child immediately.

The PPS-1000 Intake form requests ethnic/tribal information for the child(ren) at the time of intake. The YA-2300 form requests medical and genetic information on the child and his/her parents. It must be completed for each child at the time they enter foster care. The judicial council packet includes specific forms for Indian children to facilitate compliance and understanding. Information is collected in the Kansas Intake Protection System (KIPS) and Family and Child Tracking System (FACTS).

If the tribe decides not to take jurisdiction, Indian children in the custody of the Secretary of DCF receive the same benefits as other children which promote safety, permanency and wellbeing. Services are designed to help children, where safe and appropriate, return to families from which they have been removed or be placed in a permanent placement.

The state provided each tribe information concerning the Fostering Connection requirement to obtain credit reports for tribal youth ages 16 and older in foster care.

DCF plans to consult with the tribes during SFY 2015 to provide information about the importance of obtaining credit reports for youth; the potential consequences for identify theft and fraud; and the resources for addressing credit problems for children under age 18. DCF will provide to the tribes technical assistance about obtaining credit reports. Any credit reports for tribal youth in foster care will be forwarded to the tribes for further attention.

The state provides technical assistance (TA) to a tribe choosing to obtain Title IV-E funding by entering into a IV-E agreement with the state. TA includes information on the Title IV-E requirements, including data collection, reporting, and how the process would work. The tribes

receive the information and option of obtaining the funding directly through the federal government with the assistance from ACF.

Refer to The Title IV-B Child and Family Service Plan for Improvement – pages 37 -39. Although the numbers of cases for these questions are too low to rely on percentages as an indicator of performance, the consistently low percentages of cases meeting the standards suggest that this continues to be an area of opportunity in Kansas. In SFY 2014, the agency collaborated with the Office of Judicial Administration to develop and provide training related to ICWA.

Check boxes were added to case plan forms and the Acknowledgement of Referral form as cues to help workers remember to address ICWA. If issues arise, they will be addressed on a case by case basis.

Training on the Indian Child Welfare Act (ICWA) is currently included in a new course in the DCF training plan. An online course on the Indian Child Welfare Act is scheduled for development. Upon completion, this course will be available through Pathlore for DCF staff and through KS TRAIN for CWCMP agency staff and other community members. Training will be updated as needed to reflect any legal changes.

- Comprehensive Social Service Grants, including Independent Living services through Chafee funding, are provided to all four tribes to provide child welfare services to tribal youth in their jurisdiction. The tribal youth are invited to participate in DCF youth related events, activities and groups, such as the Kansas Youth Advisory Council (KYAC) and Regional Youth Advisory Councils (RYAC). Chafee program benefits are available to Tribal youth on the same basis as they are to other youth. Tribal staff members are informed of the programs and benefits. Independent living services are delivered to tribal youth under custody of the tribal authority by social work or other support staff as designated by each tribe. These services are reported in the quarterly program reports. Services and transitional planning for youth who have been released from tribal custody are provided in coordination with DCF IL and tribal staff. All youth under tribal jurisdiction are eligible for services and supports through Chafee on the same basis as other youth.
- The annual site visit with the Tribal Social Services Department provides an opportunity for discussion of the state plan. DCF provides the links for the DCF CFSP and APSR plans. During the site visit, PPS and the tribes exchange copies of each other's plans or agree to provide it later. The tribes always have access to the DCF State plan since it is located on the DCF website.

PBPN provided the following comments for the state plan. Generally, I recommend including a statement recognizing the sovereignty of the PBP and that the PBP has civil jurisdiction over its members and children in Indian Country. I would add that tribal consultation should include timely notice to the governing body of the Tribe and opportunity for meaningful consultation. I also think that there should be a reference to the government to government relationship between the Nation and the State. That said, perhaps all of that should go in the MOU.

Specifically, I recommend excluding the section regarding child abuse registry. The Nation at this time, does not forward information to the state for inclusion in a child abuse registry. The Nation does however, have criminal offenses for which perpetrators may be criminally charged.

The MOU is outdated and in need of revising. As I mentioned last week, I think we can make the necessary changes and would like to use as a template another state/tribal MOU. The MOU would need to be reviewed and approved by the Tribal Council.

DCF will plan to meet with each tribe for discussion and agreed upon language concerning individualized tribal MOU's which will be reviewed by DCF and tribal councils. The MOU's will then be reviewed and signed by the DCF Secretary and the appropriate Tribal Chairperson by the end of State Fiscal Year 15.

X. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

A. Agency Administering the CFCIP

Prevention and Protection Services (PPS) is a division of the Department for Children and Families and is responsible for administering the State's child welfare programs including the John H. Chafee Foster Care Independence Program according to federal statutes and requirements. The Kansas Chafee Foster Care Independence Program (CFCIP) seeks to provide youth transitioning from custody to independence with support and guidance while successfully navigating the path to self-sufficiency. As an agency that places heavy emphasis on data and program evaluation, PPS IL will participate in national program evaluations of its effectiveness in achieving the purposes of the Chafee Program.

B. Description of Program Design and Delivery

The Kansas Chafee Foster Care Independence Program assures that the life skills that begin at age 4 continue to be provided to all youth in out of home placement. The need for both formal and informal skills and training opportunities related to developing life skills is assessed beginning at age 14 through the Casey Life Skills Assessment for all youth in out of home care regardless of the youth's permanency goal. Youth participate and identify tasks in the development of a Learning Plan, upon completion of the CLSA, which is included in the overall case plan.

Services of the Kansas Chafee Foster Care Independent Living program are available to youth beginning at age 15. All youth in out of home placement must have a case plan and receive services which assist in the development of life skills and, beginning at age 16 if the case plan goal is OPPLA, transition services or self-sufficiency. All youth who are within 90 days of their 18th birthday receive transition planning services regardless of their case plan goal

The Child Welfare Case Management Providers (CWCMP), including foster parents, are responsible for teaching or arranging information to be provided to youth regarding all aspects of life skills. As youth complete the Casey Life Skills Assessment (CLSA), they will identify life skill domains on which to work. The Casey Life Skills domains are as follows:

- Maintaining Healthy Relationships
- Daily Living Activities
- Planning and Goal Setting
- Using Community Resources
- Work and Study Skills
- Budgeting and Paying Bills
- Career Planning
- Computer Literacy
- Permanent Connections to Caring Adults

All youth age 16 in out of home placement who are anticipated to remain in care until age 18 participate in transitional planning which continues at each case plan every 170 days until release from custody. The DCF Independent Living Coordinator or designee with DCF is available to assist in case plans, by phone or email, and attends the final case plan. Transition planning helps build a relationship between DCF and the youth while preparing for transition from foster care services to adulthood. Transition planning ensures no gaps in services occur when a youth leaves the care of the case management provider and when the youth receives services from the DCF Independent Living program. A transition plan is developed with youth that addresses the areas where they will receive assistance:

- Education; to include plans for secondary and post-secondary education completion
- Housing; to include shared living, former foster homes, dormitories, apartments addressing the need for leases or contracts
- Employment / financial plan; may include other financial supports such as IL funds, Foster Care Transition Support payments, HCBS waivers, and SSI . Vocational training and support, self-employment, supported employment and ticket to work options shall be explored.
- Opportunities for mentoring and community connections; to include permanency pacts. Community supports may include mentors, legal guardians, faith based organizations, community agencies (Mental Health Centers, CDDOs, Independent Living Centers, etc.), DCF divisions (Rehabilitation Services, APS) family, and other relationships the youth has established.
- Health plan; to include where the youth will receive services and how they will be paid for shall be addressed. Continuing coverage by Medicaid shall be explained in the Transition Plan. If the youth is receiving mental health services or taking medication, plans for the continued assessment of need, provision of the prescriptions necessary, and payments.

The CWCMP agency is required to ensure all youth who exit the Custody of the Secretary for reasons other than reintegration, adoption or guardianship have a connection of a supportive adult. Youth are assisted in identifying at least one supportive adult who agrees to provide specific supports through a Permanency Pact held by the youth and adult. The Permanency Pact, PPS 7400, has been developed and implemented statewide by the CWCMP agencies and DCF IL staff.

Youth who leave custody or are emancipated at age 18 participate in an exit interview which is completed at the last case plan not more than 90 days prior to release of custody or emancipation. The exit interview is used as another method of providing information to youth on the following:

- The process to request services after their release from DCF along with appropriate referral forms;
- The updated record of dental, eye care, immunizations, and medical services;
- Copies of their records and a list of their medical providers;
- Information and application for the Aged Out Medical Card Program;
- Information and instruction on use of prescribed medications;
- Information about the importance of designating a person to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and there is no relative who would be authorized to make such decisions;
- Information which provides the youth with the opportunity to execute a health care power of attorney, health care proxy, or other similar document recognized by Kansas law;
- Information on assistance with post-secondary education and training opportunities;
- The National Youth in Transition Database and the importance of providing feedback through the surveys.
- How to continue to obtain credit reports and address inaccuracies or identity theft.

The child welfare case management providers give youth information about resources for housing, employment, health care, education, etc., upon leaving the custody of the Secretary. The resources include information on services provided through the DCF Independent Living Program. All eligible youth are assisted in completing the application for the aged out medical card and are given a postcard to send to their IL Coordinator when their address changes. All youth are also given laminated cards with the DCF Central Office number and website, which youth can contact for IL services anytime up until their 21st birthday or help in finding other services if they are over 21.

This program serves young adults from age 18 and released from the Secretary's custody until age 21 or 23 if enrolled in post-secondary education or training programs. Independent Living is a voluntary program and young adults may receive services anywhere in the state of Kansas. Young people ages 18-23 complete the CLSA and develop an open formal Self-Sufficiency Services Case Plan with the regional IL Coordinator. This plan is driven by the young person and identifies the individual's goals as well as the steps to achieve those goals. Young adults involved in the Independent Living Program are eligible to receive assistance with the following: room/board, medical, completion of high school/GED, post-secondary education or training, mentors, career planning, assistance with checking and correcting credit reports, life skills and other services as identified by the adult.

The Kansas Foster Child Educational Assistance Act which began July 1, 2006, requires tuition and fees to be waived by educational institutions for DCF youth who meet the eligibility criteria up until the semester the youth turns 23 years. Youth receive additional funds through ETV to help offset other costs of post-secondary education.

Kansas offers the Chafee Medicaid option and extended Medicaid coverage to young people until the month of their 26th birthday for young adults who leave the Secretary's Custody at age 18. The young adult does not have to participate in any other services to be eligible for the aged out medical card.

Eligible youth may receive additional services which have been identified as needs by the youth in order to become self-sufficient. All youth regardless of age who receive Self-Sufficiency services are also required to have a Self-Sufficiency Case Plan, maintain contact with their Independent Living worker, and participate in case plan reviews held every six months at a minimum.

To strengthen its IL programs, the State has identified the need to inform community agencies, schools, faith-based organizations, juvenile justice programs, and businesses of the CFCIP services and resources available to former foster youth. An outreach coordinator position has been added that is dedicated to increasing community awareness of the State's CFCIP services and resources available. This position will begin development of a peer to peer mentoring program.

A statewide IL coordinator position has been added to support the State's CFCIP. This position will focus on improving practice in transition planning and quality assurance. This will be done by evaluating current policies and practices; providing technical assistance and training; and recommending improvements that can be implemented by DCF IL staff. This position will also utilize evidence based research to explore training curriculums for possible implementation with Independent Living staff.

The outreach coordinator and statewide IL coordinator positions together will develop multiple communication tools for utilization to include; desk guides, program brochures, quarterly newsletters, post card mailers, PowerPoint presentations, point of contact magnets, tactile education tools for youth groups, resource lists for youth in care, transition packets for youth exiting care, etc. These additional positions will focus on collaboration within the program and with multiple community partners.

Each of the DCF regions are currently implementing a consistent organizational service delivery model that includes DCF IL services. This organization structuring model allocates a regional supervisory position designed as the Independent Living / Adoption Supervisor with 3 assigned Regional Independent Living Coordinator's. Prior to this implementation many IL staff were assigned to multiple service programs. The State of Kansas recognizes a significant opportunity for program enhancement with the development of the above 2 additional central office positions and having dedicated IL staff within the regions.

The Kansas Youth Advisory Council (KYAC) and Regional Youth Advisory Councils (RYAC) are designed to empower youth by having an organized structure for them to provide advice and recommendations concerning the Child Welfare system in Kansas and on a National level.

The Youth Councils are organized by two levels of council participation. Each Child Welfare Case Management Provider (CWCMP) region hosts a RYAC. Each RYAC selects up to four

peers from their RYAC to serve on the KYAC. KYAC holds a strategic planning conference (SPC) every year. KYAC members identify issues at the conference that are of concern to older youth in foster care and to youth who have aged out. The issues are based on input from RYAC members through regional events and meetings. KYAC members prioritize the issues into a work plan. KYAC presents their work plan to the Director of child welfare and the Secretary of DCF or designee. DCF determines how the agency can support KYAC in addressing the work plan objectives throughout the year. The work plan is an integral part of the State's CFCIP program in that it is a basis for coordinating work on specific projects such as the passage of senate bill 23 regarding high school diplomas for youth in foster care, and mentoring initiatives. Work plan objectives have been manifested through legislation, court improvement initiatives, and changes in policy and practice.

Data concerning CFCIP services and the State's IL program is provided to stakeholders such as the Custody to Transition Citizen Review Panel, the Children's Alliance, and community forums. Data is also provided to DCF and CWCMP staff and management. The data is sourced from the FACTS system and the Self Sufficiency Information System (SSIS) which collects payments and benefits to youth in the IL program. Reports are published monthly and annually of demographic, service and program participation information. The data is available to DCF and CWCMP staff through PPS' SharePoint site. The reports are reviewed periodically with youth through the Kansas Youth Advisory Council. The reports serve to inform KYAC's development of their yearly work plan and summer youth conference agenda. DCF is developing reports from NYTD data of the State's served population and outcome survey results. The reports will be provided to stakeholders, tribes, courts, youth and staff through consultation.

The State has hired alumni of foster care, a graduate student, whose full time position is to locate, contact and survey youth for NYTD. DCF has developed an automated system for collecting survey results that will continue to be used. Data from that system is the source for the files that are reported to ACF to meet NYTD requirements and is thus checked for quality compliance. Data for the served population will continue to be collected through reporting of IL services by the tribes, DCF and CWCMP staff who serve members of the served population. That data is entered into the FACTS system. Since the beginning of the NYTD initiative DCF has increasingly met or surpassed the required participation rates and data compliance requirements: the first six months participation rate for the follow-up population of 19 year olds was 64.29%, subsequent six months was 84.36%, with a total of 70.65% for FFY 2013. Served population data reporting is monitored through FACTS.

C. Serving Youth Across the State

Each DCF region is served by an IL Coordinator with the CWCMP and by three DCF IL Coordinators, assigned to specific geographical areas within each region. Service to youth under tribal custody is ensured through consultations with the tribes, tribal youth involvement in CFCIP activities, and reporting of the NYTD served population. Youth in KDOC-JS custody are served through KDOC community supervision officers and residential providers who are informed of IL services from KDOC-JS. Youth in KDOC-JS custody can contact any DCF IL Coordinator to request services.

All reports published by DCF that provide data about the State's CFCIP program are detailed by region.

The SFY 2013 Independent Living /Self-Sufficiency Annual Report provides data by region, age and gender about the number of youth served in each program: ETV, IL subsidy, general Chafee, and the tuition waiver. The report indicates the Kansas City Region served the largest percentage of young adults receiving Chafee funds in SFY 2013. The regions with highest populations, Wichita, Kansas City, and East (includes Topeka) served the most youth from SFY 2009 through SFY 2013.

Chafee Foster Care Program Young Adults Served by Region SFY2009-SFY 2013

	2009	Percent	2010	Percent	2011	Percent	2012	Percent	2013	Percent
East	87	21.4%	106	25.7%	113	23.5%	110	22.7%	98	24.1%
Kansas City	75	18.5%	77	18.7%	104	21.6%	117	24.1%	119	29.2%
West	105	25.9%	81	19.7%	104	21.6%	114	23.5%	77	18.9%
Wichita	116	28.6%	122	29.6%	139	28.9%	144	29.7%	113	28.7%
Unable to Determine*	23	5.7%	26	6.3%	21	4.4%	0	0.0%	0	0.0%
Total	406	100.0%	412	100.0%	481	100.0%	485	100.0%	407	100%

*County information was used to group information into the current Regional alignment and was not available on all records.

Source: Self-Sufficiency Information System.

The Independent Living Demographic Report is published each month and provides the monthly and year-to-date numbers of cases opened and closed; cases by gender, race and ethnicity; age; and grade level. NYTD data is being organized by region for reporting services and outcomes and will be used to provide more detail about specific services.

Independent Living Demographic Report SFY14 - Statewide																				
	Jul		Aug		Sep		Oct		Nov		Dec		Jan		Feb		Mar			
Numbers Served																			YTD	Average
Cases Initiated During Month	22		31		20		13		7		20		22		13		20		168	18.7
Cases Closed During Month	25		32		34		20		18		30		58		31		22		270	30.0
Total Open Cases During Month	594		604		595		581		569		575		558		509		501			565.1
Total Served This Fiscal Year																			740	
Gender - Cases Open at Any Time During the Month	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		Average # %
Female	367	62%	375	62%	373	63%	366	63%	365	64%	370	64%	367	66%	336	66%	336	67%		361.7 64.0%
Male	227	38%	229	38%	222	37%	215	37%	204	36%	205	36%	191	34%	173	34%	165	33%		203.4 36.0%
TOTAL	594		604		595		581		569		575		558		509		501			
Race and Ethnicity - Cases Open at Any Time During the Month	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		Average # %
American Indian/Native Alaskan	6	1%	7	1%	7	1%	7	1%	7	1%	7	1%	6	1%	5	1%	5	1%		6.3 1.1%
Asian	3	1%	4	1%	4	1%	4	1%	4	1%	4	1%	4	1%	4	1%	4	1%		3.9 0.7%
Black/African American	144	24%	143	24%	146	25%	144	25%	141	25%	140	24%	137	25%	127	25%	129	26%		139.0 24.6%
Native Hawaiian/Pacific Islander	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		0.0 0.0%
White	436	73%	444	74%	432	73%	420	72%	412	72%	419	73%	406	73%	368	72%	358	71%		410.6 72.7%
Other	5	1%	6	1%	6	1%	6	1%	5	1%	5	1%	5	1%	5	1%	5	1%		5.3 0.9%
TOTAL	594		604		595		581		569		575		558		509		501			
Hispanic Ethnicity	54	9%	56	9%	54	9%	52	9%	52	9%	56	10%	48	9%	47	9%	47	9%		51.8 9.2%
Age (on last day of the month) - Cases Open at Any Time During the Month	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		Average # %
Age 15	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		0.0 0.0%
Age 16	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		0.0 0.0%
Age 17	4	1%	4	1%	4	1%	4	1%	4	1%	3	1%	3	1%	3	1%	7	1%		4.0 0.7%
Age 18	130	22%	133	22%	132	22%	120	21%	109	19%	109	19%	111	20%	95	19%	93	19%		114.7 20.3%
Age 19	184	31%	180	30%	170	29%	173	30%	168	30%	171	30%	160	29%	160	31%	161	32%		169.7 30.0%
Age 20	161	27%	163	27%	161	27%	166	29%	163	29%	156	27%	149	27%	142	28%	135	27%		155.1 27.4%
Age 21	68	11%	77	13%	78	13%	72	12%	81	14%	87	15%	91	16%	75	15%	75	15%		78.2 13.8%
Age 22	38	6%	39	6%	39	7%	37	6%	34	6%	35	6%	34	6%	30	6%	25	5%		34.6 6.1%
Age 23	9	2%	8	1%	11	2%	9	2%	10	2%	14	2%	10	2%	4	1%	5	1%		8.9 1.6%
TOTAL	594		604		595		581		569		575		558		509		501			
Highest Grade Level Completed - Cases Open at Any Time During the Month	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		Average # %
7th	0	0%	2	0%	2	0%	2	0%	2	0%	2	0%	2	0%	1	0%	1	0%		1.8 0.3%
8th	3	1%	3	0%	4	1%	4	1%	4	1%	4	1%	3	1%	3	1%	3	1%		3.4 0.6%
9th	21	4%	22	4%	24	4%	24	4%	23	4%	21	4%	21	4%	16	3%	15	3%		20.8 3.7%
10th	37	6%	41	7%	41	7%	39	7%	38	7%	41	7%	40	7%	40	8%	34	7%		39.0 6.9%
11th	175	29%	171	28%	164	28%	162	28%	157	28%	157	27%	156	28%	142	28%	144	29%		158.7 28.1%
12th	302	51%	311	51%	309	52%	302	52%	298	52%	299	52%	285	51%	260	51%	255	51%		291.2 51.5%
College	25	4%	27	4%	24	4%	24	4%	24	4%	24	4%	24	4%	22	4%	22	4%		24.0 4.2%
Post Secondary	17	3%	16	3%	16	3%	14	2%	14	2%	15	3%	15	3%	15	3%	14	3%		15.1 2.7%
Unknown	14	2%	11	2%	11	2%	10	2%	9	2%	12	2%	12	2%	10	2%	13	3%		11.3 2.0%
TOTAL	594		604		595		581		569		575		558		509		501			
Source: FACTS																				

Source: FACTS

D. Serving Youth of Various Ages and States of Achieving Independence

All youth in out of home care age 16 and older receive services to help them learn life skills. Youth in out of home care with a case plan goal of OPPLA are informed of program eligibility and resources by providers, KDOC-JS, Tribal and DCF staff at case planning conferences beginning at the age of 16. The DCF Independent Living Coordinator or designee with DCF is available to assist in case plans, by phone or email and attends the final case plan. Transition

planning helps build a relationship between DCF and the youth while preparing for transition to adulthood. Transition planning ensures no gaps in services occur when a youth leaves the care of the case management provider and when the youth receives services from the DCF Independent Living program

Preparation for post-secondary educational services, housing and extended medical coverage are seamless for the youth. Eligible youth are assisted with completing the application for the Aged Out Medical Program. Youth are informed they are able to return to DCF at any time for services prior to their twenty-first birthday. Youth are encouraged to work with the staff in their region, but are also encouraged to call the State Independent Living Program Manager directly. After release of custody, youth can choose which region their case will be located, based on their need for access to their IL Coordinator and services.

Youth released from custody who are no longer served through aftercare by the providers may request Independent Living services from any DCF office statewide. In addition, eligible youth may receive additional services for room and board as well as assistance for post-secondary education or training programs. Eligible youth may receive additional services which have been identified as needs by the youth in order to become self-sufficient. All youth regardless of age who receive Self-Sufficiency services are also required to have a Self-Sufficiency Case Plan, and participate in case plan reviews held every six months at a minimum.

E. Youth under age 16

The Kansas Chafee Foster Care Independence Program provides life skills and transition services to all youth in out of home placement starting at age 15. All youth in out of home placement must have a case plan and receive services which assist in the development of life skills and transition services or self-sufficiency. The need for both formal and informal skills and training opportunities related to developing life skills and independent living skills are to be determined and provided to all youth starting at age 15 regardless of the youth's permanency goal. Youth participate and identify tasks in the development of a Learning Plan, upon completion of the CLSA, which is included in the overall case plan.

F. Youth age 16-18 and older in foster care

Life skills and transition services continue to be provided to youth in foster care age 16 to 18 and older, with the annual Casey Life Skills Assessment and Learning Plan. Youth are given the opportunity and are encouraged to participate in RYAC events and represent their peers as a member of KYAC at the recommendation of their worker. Formal transition planning begins at age 16 with youth who are expected to remain in care until age 18. Youth are informed of program eligibility and resources by providers, KDOC-JS, Tribal and DCF staff at case planning conferences beginning at the age of 16. Youth are assisted in obtaining their high school diploma under Senate Bill 23 which requires school districts to award diplomas to youth in care who have met the State's minimum graduation requirements.

Youth are provided opportunities to visit educational institutions and training programs to help prepare them for decisions regarding their educational opportunities. Youth also receive

assistance in completing FASFA and other financial applications, school applications and assistance in enrolling in educational or training institutions.

All youth should be provided with opportunities to interact and develop relationships with dedicated adults in the community. If a youth with a case plan goal of OPPLA has not identified a supportive adult by age 16, DCF, in conjunction with the CWCMP, will assist the youth in identifying an individual who can help guide them into adulthood. At least one Permanency Pact is required for all youth prior to release of custody at age 18. Permanency Pacts identify at least one specific activity or task which the supportive adult will participate with the youth.

Youth also are assisted by CWCMP and DCF IL staff to identify a mentor if needed for financial guidance. The qualifications for Mentors include being age 25 or older; ability to pass Child Abuse/Neglect Central Registry and KBI security clearance; ability and willingness to work with adolescents and young adults; knowledge of budgeting and money management; knowledge of skills necessary to succeed in daily life; supports the goal of self-sufficiency; and can model responsible behaviors.

Prior to release of custody youth are provided information about how to contact DCF for services after release of custody through a portable laminated card which has a brief description of services available to them, DCF website information and the PPS central office phone number. Youth are informed they can return to DCF at any time for services prior to their twenty-first birthday. Youth are encouraged to work with the IL staff in their region, but they may call the State Independent Living Program Manager or State IL Coordinator directly. Eligible youth are assisted with completing the application for the Aged Out Medical Program.

G. Former Foster Youth age 18 and older

After release of custody, youth can choose which region their case will be located, based on their need for access to their IL Coordinator and services. The state of Kansas has established a variety of services for adults 18 to 21 years of age. All independent living services available for youth 15 to 18 can be accessed by eligible former foster youth until their 21st birthday. Agency staff are expected to work with the young person to help them locate resources necessary to achieve the outcomes and to provide needed training and encouragement.

Youth who are in out of home care served by the contractors are informed of their eligibility for independent living subsidy if they are released from custody at age 18. Independent living subsidy is a time limited financial plan between a young person leaving foster care and the DCF office.

Youth who are leaving foster care to live in their first apartment or other housing arrangement may need a onetime payment for start-up expenses, utility deposits, or supplies. A onetime maximum payment of \$500 is allowed for this purpose.

Adults who serve as the mentor for youth receiving independent living subsidy may receive up to \$50 per month for their services.

DCF also provides services and financial payments to support a youth's completion of high school or GED. Non-certified adult education or training that does not qualify through the ETV program can be covered as needs are identified and requested.

Young adults ages 18-21 who are participating in independent living services through DCF may be referred under the DCF contract with Kansas Legal Services for determination of SSI benefits.

Kansas implemented its Medical Card Extension Program in March, 2004 to adults who turned 18 on or after July 1, 2003 who were in a foster care placement on their 18th birthday. Beginning January 1, 2014 Kansas extended medical coverage through its Aged Out Medical Program to youth up to age 26. Youth who were in the custody of DCF, KDOC-JS or tribal courts are eligible.

There are no statutory or administrative barriers that impede the State's ability to serve the range of youth who are eligible for the CFCIP program. CFCIP services are available to all young people, regardless of marital, citizenship, and to a large extent, income status.

DCF and CWCW providers collaborate with faith-based organizations, non-profit community organizations, private businesses, and individuals to provide opportunities and resources for youth in foster care to achieve independence. Events held by churches are held to provide youth with items and information needed to start a household. Business owners, housing resource organizations, and health providers participate in the annual summer youth conference. Efforts will be made in 2015 to secure support from private sources of funding for providing youth with resources needed to start college, find employment, transportation or other items needed to achieve independence.

H. Collaboration with Other Private and Public Agencies

Kansas Kids @ GEAR UP is a U.S. Department of Education funded program with Wichita State University serving as the program administrator. The mission of Kansas Kids @ GEAR UP is to increase the number of students graduating from high school who are prepared for enrollment in post-secondary education, thereby enabling children to reach their full potential and consequently improving educational and social outcomes. Children in foster care placements are given top priority for services. Limited income children, those in adoptive care, and first generation children also qualify for this program. Program components for participants include tutoring, educational workshops, summer programs, ACT/SAT test preparation, mentoring, career option exploration, college scholarships and cultural activities.

DCF works with the Kansas Department of Corrections-Juvenile Services to offer CFCIP services to youth in their custody and in transitional living programs. Outreach is done to inform youth about the aged out medical program which has been extended to age 16, engage youth in taking NYTD surveys, and participation in computer camps and youth conferences.

DCF has identified coordination with local housing programs to be an area of opportunity for growth in collaboration and development of options for independent living youth.

Efforts have been made to notify eligible young people of the extension of the aged out medical program through direct mail, social media, contacts through NYTD surveys, and staff outreach. Kansas has not opted to provide Medicaid to individuals under this eligibility group who were in foster care and enrolled in any state.

Legislation passed by the Kansas Legislature in 2013 made a number of changes statutorily to address issues related to human trafficking. The legislation served to de-criminalize the activity on the part of the victim and increasing the penalties for those selling others to be used for sexual acts and buying sexual relations. The term “prostitution” was deleted in the criminal statutes. The intent is to treat those who are trafficked as the victims they are rather than treating them as criminal. In that way, the focus will be provision of services to the victims rather than prosecuting them. When a child is taken into custody by law enforcement and reasonably believed to be a victim of human trafficking, a “rapid response team” is required to be contacted to do an initial assessment and make recommendations regarding safety, placement and treatment needs. A staff secure facility is a non-lock down facility established by statute which can be a placement for such youth if determined appropriate and services provided at such facility.

Criminal penalties of those selling and buying sexual relations of minors were increased in severity as a deterrent. The law also allows for attachment of property of perpetrators to satisfy increased fines which can be imposed for violation of the criminal statutes related to trafficking.

The law established a statutory requirement for the establishment of a Human Trafficking Advisory Board which is made up of numerous representatives including, but not limited to, law enforcement, attorney general staff, child welfare agency, agency which licenses foster homes and other child care facilities, department of corrections-juvenile services, legislators and organizations combatting human trafficking. Kansas Department for Children and Families (DCF) has two members currently serving on said Board. The law also mandated the establishment of a Human Trafficking Victim Assistance Fund which can be used for training and services. The judicial, legislative and executive branches of government in Kansas along with many stakeholders collaborated to create, support and ensure the passage of this legislation and continue with ongoing efforts and education to address the issues of human trafficking of youth and children and promote safe transition by reducing risk of human trafficking.

I. Determining Eligibility for Benefits and Services

Specific eligibility requirements apply to all services and supports offered through the Independent Living/Self-Sufficiency Program. Youth in out of home placement through their 18th birthday are eligible for all services and supports, as this youth is considered to have "aged out" of care. Out of home eligible placements, include resource homes, relative and kinship placements, group homes, trial home visits, and independent living settings. Youth on run status from a foster care placement on their 18th birthday and youth placed in Secure Care as a Child in Need of Care are eligible for Independent Living/Self-Sufficiency services and supports. Run status and Secure Care are considered foster care placements for specific eligibility criteria. See

individual service and/or support for specific criteria for eligibility. Youth who have a permanent order of guardianship or finalized adoption after their 16th birthday may be eligible for specific services and supports. Youth who were in out of home placement for any length of time on or after their 15th birthday may be eligible for specific independent living/self-sufficiency services through basic Chafee Eligibility

A youth's marital status does not impact eligibility for services or supports. Youth who exit care from other states and move their permanent residence to Kansas may be referred or self-refer for services in Kansas. For a youth in foster care, the State with placement and care responsibility is responsible for providing Chafee services, including ETV to the youth. The State in which a former foster youth resides is responsible for providing such an eligible youth with Chafee and ETV services. For youth no longer in foster care, who are already receiving ETV and the youth moves to another State for the sole purpose of attending post-secondary education or training, the youth's original State of residence will continue to provide ETV services to the youth for as long as the youth remains eligible for the program.

J. Cooperation in National Evaluations

Kansas Department for Children and Families will cooperate in any national evaluations of the effectiveness of its programs in achieving the purposes of CFCIP.

XI. EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

The Education & Training Voucher program (ETV) serves youth by extending eligibility to the following for attendance at certified training programs and post-secondary educational institutions not included in the Tuition Waiver program:

- Youth who graduate from High School or complete their GED while in a foster care placement and in the custody of the State of Kansas, or
- Youth who were in a foster care placement and in the custody of the State of Kansas when they attained the age of 18, or
- Youth with a finalized adoption from foster care after attaining age 16, or
- Youth who have been in a foster care placement and in the custody of the State of Kansas between the ages of 16 and 18, with an order of Guardianship attained after the age of 16 or
- Youth who have been in a foster care placement and in the custody of the State of Kansas after attaining age 15.

Youth participating in the Education and Training Voucher program on their 21st birthday, continue until they turn 23 years of age, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program (satisfactory progress is defined by individual program guidelines.)

Education and Training Vouchers are available to eligible youth for assistance based on need with post-secondary education and certified training programs. ETV funds may be used for costs

associated with Post-Secondary Education and/or training only and cannot exceed \$3,500 or the total cost of attendance per youth per plan year, whichever is less.

The Kansas Child Welfare agency, DCF, administers the ETV program solely. Regional Independent Living Coordinators in the field are trained on ETV benefits and payment information and carry out the ETV program with youth in their region. The DCF Independent Living Coordinator or designee and youth completes the Self Sufficiency Plan PPS 7000 and must have an identified education or training plan, along with all required information on the form. All youth participating in Post-Secondary Education and Training plans must be actively involved in all stages of the plan.

The Self Sufficiency Plan PPS 7000 must have verification of eligibility for Chafee Foster Care Independence Program (CFCIP) and/or Education and Training Voucher Program (ETV) approved by DCF Independent Living Coordinator.

Documentation to support all identified costs associated with Education and/or Training Plan must be attached to the Self Sufficiency Plan PPS 7000. In addition, documentation of all Federal or State Financial Awards associated with the Education and/or Training Plan must also be attached. (i.e. Pell Grant and Scholarships) All youth applying for ETV funds must complete a minimum of five (5) scholarship applications with proof of documentation at the time of completing the PPS 7000 ETV Plan. Youth must complete the Free Application for Federal Student Aid (FAFSA) prior to applying for ETV funds.

The Self Sufficiency Plan PPS 7000 is signed by the youth, DCF Independent Living Coordinator, DCF Social Worker if different than Coordinator, Case Manager/Social Worker for contractor if youth still served by the contractor.

The DCF Independent Living Coordinators track all expenses so that the total does not exceed the maximum allowable funds per year or the total cost of attendance per youth. Expenses are entered into DCF's Self Sufficiency Information System (SSIS) through the State's accounting system and tracked by each region and DCF centrally.

The methodology for reporting the unduplicated number of youth receiving ETV's each school year is to use information from the State's accounting system which contains each payment made to each youth. This information is maintained by youth name, ID number, payment date, vendor, region, and other budget identifiers. The information is downloaded each month into the State's SSIS and a report that among other things filters duplicated youth names and ID numbers. This monthly report is maintained by the State's fiscal year, July 1 through June 30.

During 2015 the State's IL Outreach Coordinator will be presenting information about the ETV program to community and faith-based organizations, juvenile correctional and transitional living facilities, among other entities. Feedback from the outreach will be used to establish goals and outcomes for the ETV program in combination with other state resources such as the tuition waiver, and methods for measurement.

A. Consultation with Tribes

The comprehensive Social Service Grants with all four tribes for Independent Living services are funded through Chafee. These serve as agreements for each tribe to administer their CFCIP and ETV services. Regular contact with Tribal staff is conducted through scheduled meetings made directly by PPS staff for coordination of child welfare services. PPS staff and each tribe share information about on-going and scheduled CFCIP activities. Tribal youth are included in conferences, learning opportunities and the youth advisory council. One of the tribes has included the DCF and provider youth in their tribal activities, including Pow-Wows. Each tribe submits a quarterly program report reflecting the number of tribal families and children served. Each program report is reviewed by the PPS CO program manager. The regional tribal liaison is available for consultation regarding case specific independent living services.

Tribes assist youth who are age 15-21 and in custody pursuant to an order of the tribal court. The services provided in this program include services to promote the youth's independence, including subsidy, adult education classes, independent living classes, and assistance with obtaining job skills. Life Skills Services provided by tribal workers are identical to those provided by the child welfare contractors.

DCF plans to consult with the tribes during SFY 2015 to provide information about the importance of obtaining credit reports for youth; the potential consequences for identify theft and fraud; and the resources for addressing credit problems for children under age 18. DCF will provide to the tribes technical assistance about obtaining credit report. On May 1, 2014 The Consumer Financial Protection Bureau (CFPB) published action letters for child welfare caseworkers to send to credit bureaus if they find errors on the credit reports of the children in their care. DCF will provide tribal staff with these action letters and additional materials. These action letters will then be available as a tool for Tribal staff to address areas of concern.

Child Focus, Inc. and Credit Builders Alliance are presenting a series of webinars developed with input from the Credit Check Learning Community (CCLC). The CCLC is comprised of child welfare agencies throughout the country dedicated to learning from and contributing to each other's experience implementing the federal credit check mandate in order to achieve its intended goal: To verify the credit status of youth in their care and help them address and resolve any inaccuracies, identity theft, or fraud reflected on their credit reports if such reports exist. Tribal staff will be provided information on how to attend these webinars and information gathered from them via DCF IL staff participation.

Chafee program benefits are available to Tribal youth on the same basis as they are to other youth. Tribal staff members are aware of the programs and benefits. Independent living services are delivered to tribal youth under custody of the tribal authority by social work or other support staff as designated by each tribe. These services are reported in the quarterly program reports. Services and transitional planning for youth who have been released from tribal custody are provided in coordination with DCF IL and tribal staff. All youth under tribal jurisdiction are eligible for services and supports through Chafee on the same basis as other youth.

XII. CFCIP PROGRAM IMPROVEMENT EFFORTS

KYAC will continue to develop a work plan each year of priority issues and provide it to DCF for collaboration to achieve its objectives. Members of KYAC and other youth in care will continue to participate in citizen review panels to provide input about needs of youth in the CFCIP.

KYAC will continue to plan and conduct conferences and workshops for youth, involving other youth in care.

KYAC will conduct peer training about court involvement.

NYTD data will be provided to youth through KYAC's strategic planning conference and RYAC meetings. DCF will be participating in the NYTD Assessment Review during 2015, which will involve youth participation.

Youth will continue to be actively involved in the State's Citizen Review Panels. Youth will participate in the State's CFSR. KYAC's work plan will be provided to the agency's leadership each year. Plans are being developed for exploring the feasibility of establishing a peer mentoring program.

A. Training

Youth in KYAC will conduct peer training about court involvement during 2015. Youth will conduct workshops and presentations to agency staff, providers, and advocates about needs of youth in care. Youth will participate in training foster parents as opportunities occur.

XIII. MONTHLY CASEWORKER VISITS

Monthly child/worker visits are required per Kansas policy and are a part of the contracts with the Child Welfare Case Management Providers. Child/worker visits are required for in-home family service and family preservation cases in addition to out of home foster care cases. The relationship between the Case Management Provider and child is critical and ensures the child's continued safety at home or in out of home placement, ensures developmental needs are met, and the child is maintaining optimal connections with birth family, relatives/non related kin, foster family and the community. The Case Manager works with the child, birth and foster family on scheduling visits and interactions. The worker gives the child, on a developmental and age appropriate level, information as it affects the child's life.

Caseworkers provide the child, at every visit, a means of contacting them and listen to the child's perspective of how well visits and interactions are going and the child's assessment of how the goals of the case plan are being met. They observe the child's reactions to information presented, and assess safety or failure of the child to achieve developmental progress. From these visits, the Child Welfare Case Management Provider (CWCMP) determines when modifications to the case plan are warranted.

The Kansas Youth Advisory Council (KYAC) developed a Monthly Individual Contact Tool to be used every time a visit occurs with a youth. It is a tool to facilitate and support communication with youth and the workers who have contact with them. The tool has been

updated, and KYAC plans to incorporate the tool into the Court Improvement Engaging Older Youth Project. Child/worker visits may be completed by the Case Management Provider case manager or a paraprofessional who is part of the child's case planning team. A primary contact is designated on the visitation form that is completed at the Case Planning Conference.

To measure frequency, the child welfare case management providers report each out of home monthly caseworker visit through encounter codes. Two codes are used, one to indicate the visit took place in the child's residence and one to indicate the visit took place elsewhere. No distinction is made between in-state and out of state visits. They both have the same requirement for a monthly visit. The encounter codes are entered by the Child Welfare Case Management Provider responsible for management of the case, and each month the results are reviewed for trends and improvements.

SFCS is providing quarterly visitation training to all staff which work with parents/children. The training is adapted from Visit Coaching by Marty Beyer, Ph.D., and is meant to identify what supports parents need during parent-child visits to be successful in meeting permanency goals and case plan objectives/tasks.

Federal funding will continue to be provided to Child Welfare Case Management Providers for efforts to improve caseworker visit percentages and maintain the successes. DCF will work with the CWCMPs to identify which strategies used in the past have been the most successful.

Over the next year, DCF will be working with the CWCMPs to improve caseworker recruitment, retention and training and to develop a plan for utilizing the professional resources available in Kansas to serve children and families across the state. The CWCMPs already recruit both inside and outside the state of Kansas for licensed professionals, including Nebraska and Oklahoma.

XIV. ADOPTION INCENTIVE PAYMENTS

Adoption Incentive monies will be utilized to improve the adoption program specifically for those youth waiting for adoption on the exchange with no identified family. In FY 14, the Faith Based Community Initiative division and PPS will partner with other community organizations to hold a "Wait No More" event through Focus on the Family. The date is set for November 1, 2014. The agency plans to use some of the current award to pay child placing agencies to complete adoption home studies for families who come forward to adopt at this event. PPS is also working on building capacity of the adoption exchange contractor by expanding the adoption network of child placing agencies willing to work with the new contractor and DCF to recruit, train and retain adoptive families willing to adopt special needs children from foster care. The new network will be built on customer service concepts to support adoptive families in their journey through adoption. The RFP will be posted soon. The new contract will be effective January 1, 2015. The plan to use adoption incentive funding above will be expended timely through the award of new contract for adoption services. Adoption Incentive funding is tracked through the budget division. We meet quarterly to discuss expenditures.

XV. CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES

Kansas is not participating in any child welfare demonstration activities.

XVI. TARGETED PLANS WITHIN THE CFSP

A. Foster and Adoptive Parent Diligent Recruitment Plan

State of Kansas Recruitment and Retention Plan

The Department of Children and Families (DCF) maintains working relationships with key stakeholders to support and monitor Foster and Adoptive Parent Recruitment and Retention activities in the State. These stakeholders include the Kansas Foster and Adoptive Parent Association (KFAPA), the Kansas Family Advisory Network (KFAN), and the Children's Alliance of Kansas (CAK), which is an umbrella agency for private Child Placing Agencies (CPAs) in the state.

DCF has a contract with the CAK to support recruitment activities for CPAs. The CPAs meet monthly with the Children's Alliance and report out recruitment activities. The Children's Alliance reports recruitment activities to DCF each month. They have a Web-based calendar for all CPAs in the state to share recruitment activities, with links to recruitment calendars. Also, the Children's Alliance and Child Placing Agencies in Kansas join forces and funds to pay for recruitment ads on radio and television. CAK operates a toll free number for persons to call when they are interested in learning more about becoming a Kansas foster family. Staff provides interested individuals calling this telephone number with information about the local licensed child placing agencies in the individual's county or asks those agencies to make contact with the person. The caller chooses which contact method they prefer.

DCF's contract with Child Welfare Case Management Providers (CWCMPs) includes the following expectations regarding the Recruitment and Retention Process:

- Establish and maintain a Statewide Recruitment Plan that addresses the best interests and needs of children in care.
- Shall not recruit existing homes sponsored by other CPA's.
- Target recruitment for the population of children in care.
- Families complete training per DCF policy prior to receiving a placement, unless it is a relative placement.
- Assure the worker who completes the home assessment of the foster/adoptive family receives the information gathered during the training process.
- Assure foster families receive additional training as necessary to meet the needs of children who may be or are placed in their home.
- Complete a Comprehensive Foster Family Assessment as outlined in DCF policy and maintain annual updates.
- Participate in, encourage, and support the implementation and maintenance of a statewide foster parent association.

- Participate in the Adopt US Kids Campaign, www.adoptuskids.org shall register prospective adoptive families without an identified child on the Statewide Adoption Exchange, www.adoptkiskids.org, within 5 days of the adoptive assessment being approved.

CWCMPs are also responsible to develop an individualized recruitment plan for children who have the goal of adoption and no identified resource for adoption, and register the child's information on the Adoption Exchange through the Adoption Exchange Contractor.

The Reintegration/Foster Care/Adoption Providers develop recruitment plans that include general, targeted and individual recruitment strategies. General recruitment events include staff from a particular CWCMP or representatives from several or all Child Placing Agencies in a Region. Older youth, foster parents, the faith community, school personnel, and other community partners are also involved. Targeted recruitment efforts focus on recruitment and retention of foster families who reflect the ethnic and racial diversity of children in their region who are in need of out of home placement. Participants in targeted recruitment activities are to reflect diversity such as individuals familiar with working with special populations, people in the helping professions, Hispanic television and radio stations, NAACP, African/American fraternities and sororities, and churches that have memberships with a large number of minorities in their congregation. Targeted recruitment also occurs in communities specified as needing more foster homes based on referral and placement data.

Targeted recruitment efforts also involve joining with Project Belong to encourage families in the faith community to get involved with fostering and adopting. Churches are encouraged to provide support to families in their congregations who foster or adopt children who are in the custody of the Secretary of DCF. DCF, CWCMPs and the Global Orphan Project have joined efforts in the endeavor.

Through an Adoption Exchange contract with the Kansas Children's Service League (KCSL), DCF participates in the Adopt US Kids Campaign to recruit and train more foster and adoptive families. Adopt US Kids forwards information about Kansas individuals who have contacted them to KCSL, and they contact the individual/family, provide information about adoption/fostering in Kansas, and begin the process of tracking progress toward placement of a child. KCSL maintains the Kansas website, AdoptKSKids, and coordinates with AdoptUSKids to lists the children's profiles, when appropriate, on the national website as well. The Adoption Exchange Information Form, filled out by the CWCMP, asks the questions "Can this child be placed out of state? If child cannot be placed out of state, what is the reason? Can this child be place in own Region? If a child cannot be placed in their own Region, what is the reason?" In certain situations, a child may have a connection in Kansas that needs to be maintained and it would not be in their best interest to be adopted out of state. If the reason on the form is not clear, the Adoption Exchange Contractor follows up with the CWCMP to assess. KCSL partners with the CWCMPs to organize adoptive home recruitment activities across the state. Television and newspaper profiles, Klicks for Kids Exhibits, church bulletin inserts and community events are scheduled throughout the year.

Kansas recognizes the development of a Diligent Recruitment Plan as an area for opportunity, see Plan for Improvement item Goal G item 44. Kansas has begun discussions and received approval to work with the National Resource Center for Diligent Recruitment (NRCDR) in the coming year to develop a statewide plan for the diligent recruitment and retention of foster and adoptive parents. While DCF contracts require that information is available in the prevalent non-English language in each services area, and KDHE regulations address the kind of staff who can do foster home recruitment, we have not yet included these issues in our statewide recruitment and retention plan. A non-discriminatory fee structure is also not covered. These are things DCF will work with the NRCDR to address.

CWCMPs are aware that successful recruitment of families that can serve the needs of children in care lead to better outcomes for them, so many of their initiatives focusing on things like placement stability and family like settings have a foster parent recruitment component. It is still sometimes difficult to find families to take hard to place children, such as large sibling groups, children with special needs and children with behavioral problems. DCF does not have data on foster parent retention. Discussions with KDHE have begun regarding the collection of data on foster parent retention.

The Reintegration/Foster Care/Adoption Providers each have developed recruitment plans that include general, targeted and individual recruitment strategies. General recruitment events may include representatives from several or all Child Placing Agencies in a Region, and include older youth, foster parents, the faith community, school personnel, and other community partners. Targeted recruitment efforts focus on recruitment and retention of foster families who reflect the ethnic and racial diversity of children in their region who are in need of out of home placement. Participants in targeted recruitment activities may include audiences of individuals familiar with working with special populations, people in the helping professions, Hispanic television and radio stations, NAACP, African/American fraternities and sororities, and churches that have memberships with a large number of minorities in their congregation. Targeted recruitment also occurs in communities specified as needing more foster homes based on referral and placement data.

The Children's Alliance is administering funding to support recruitment activities. The CWCMP providers meet monthly with the Children's Alliance and report out recruitment activities. The Children's Alliance reports recruitment efforts in a statewide report and submits the report to DCF each month. They have set up a Web-based calendar for all Child Placing Agencies in the state to share recruitment activities. Website links to the Providers' recruitment calendars have been added to the Children's Alliance website. Also, the Children's Alliance and Child Placing Agencies in Kansas have joined forces and funds to pay for recruitment ads on radio and television.

PPS participates in the Adopt US Kids Campaign to recruit and train more foster and adoptive families. Adopt US Kids forwards information about Kansas individuals who have contacted them to the statewide Adoption Exchange Provider, Kansas Children's Service League (KCSL). Individuals who contact AdoptUSKids about Kansas children are also referred to KCSL. This provider contacts the individual/family, provides information about adoption/fostering in Kansas, and begins the process of tracking their progress toward placement of a child. KCSL maintains the Kansas website, AdoptKSKids, and coordinates with AdoptUSKids to lists the children's

profiles, when appropriate, on the national website as well. KCSL has maintained the Adoption Exchange for a number of years, and this streamlines and shortens the process of responding to families who are interested in adoption. The Adoption Exchange Provider also partners with the CWCMPs to organize adoptive home recruitment activities across the state. Television and newspaper profiles, Klicks for Kids Exhibits, church bulletin inserts and community events are scheduled throughout the year. There is currently no outcome data on such events/activities.

The Adoption Exchange Contract that is set to begin in January, 2015 has requirements to track this data and report on the effectiveness of recruitment events.

Through a contract with Children's Alliance of Kansas, PPS operates a toll free number for persons to call when they are interested in learning more about becoming a Kansas foster family. Children's Alliance of Kansas staff provides interested individuals calling this telephone number with information about the local licensed child placing agencies in the individual's county or will ask those agencies to make contact with the person. The caller chooses which contact method they prefer.

Data on Placements and Types

	No. of Foster Homes on 12-31	Children in Foster Homes (No. and %)	Children with Relatives (No. and %)	Children Adopted by Relative/Foster Parent (No. and %)
SFY 2008	2331	3312 59%	1400 25%	659 93%
SFY 2009	2574	2907 58%	1255 25%	788 97%
SFY 2010	2526	3056 58%	1486 28%	705 98%
SFY 2011	2420	3028 59%	1556 30%	739 97%
SFY 2012	2505	3082 58%	1627 31%	743 96%
SFY 2013	2595	3307 58%	1798 31%	608 98%

Of the licensed homes in SFY 2013, there were 34 approved homes. FY 2013 saw the largest number of licensed foster homes in the last 6 years.

Kansas has a system unlike that of other states due to the privatization of foster care and adoption services. While state-wide messaging and joint recruitment efforts could be improved, the current system allows for prospective foster parents to have a choice and a voice in their sponsoring agency. It also assures that recruitment and retention efforts reach all areas of the state. An opportunity for improvement in Kansas is gathering data on the characteristics of foster and adoptive parents. Kansas is also looking for ways to improve customer service and increase capacity for recruitment of adopt-only families.

B. Health Care Oversight and Coordination Plan

The Department for Children and Families (DCF), the Division of Health Care Finance (DHCF) within the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Disability and Aging Services (KDADS) collaborate to assure the implementation of ongoing oversight, monitoring and coordination of health care services for any child in the child

welfare/foster care system. DCF has primary responsibility for the child welfare/foster care systems, and DHCF is the designated single state Medicaid agency and has primary responsibility for physical health care. Primary responsibility for public mental health, developmental disabilities and substance use services is with KDADS. This structure requires on-going collaboration to assure children in foster care receive the services they need.

A new managed care system, KanCare, began in January, 2013. Three contractors operating statewide give participants a choice of coverage. The three Managed Care Organizations (MCOs) are Amerigroup, Sunflower and United. Behavioral health services for children are included in the Kancare array of services.

DHCF manages KAN Be Healthy (State of Kansas EPSDT Program), which is a mandatory component of Medicaid services for Kansas youth. Some highlights of that program include:

- The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental and hearing services. In addition, section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the state's Medicaid plan to the rest of the Medicaid population.
- All children in Kansas who are Medicaid eligible are able to utilize the benefits in the Kan-Be-Healthy (KBH) program, including youth served through managed care programs. KBH covers children from birth through age 20 (Title 19) and that same array of services is offered through age 18 for those with Title 21 coverage which includes preventative health care and other medically necessary services.
- DHCF, DCF and KDADS focus on effective ways to consistently identify potential mental health treatment needs and connection to mental health treatment resources. Standardized mental health screening is completed, scored and interpreted at KBH physician visits, with follow up identified and referrals documented. A website, Kansas KidLink, is a resource directory for MH providers that provide services for children. There are presentations done, per request, in physician offices to instruct them on how to incorporate children's MH screening into a primary care visit. These actions are supported by members of the Kansas Chapter of the American Academy of Pediatrics with funding support from the-United Methodist Health Ministry Fund.
- KBH Coordinator functions are handled through the MCOs. These functions include but are not limited to: responding to both consumers and providers of KBH services; maintenance of the KMAP-KBH Website and link, and; conducting provider reviews and subsequent follow-up.
- Expectations are that the KanCare MCOs adhere to the components and timelines imbedded with the KBH Screening Standards which are:

- Medical History – including a mental health component.
- Physical Growth
- Comprehensive Developmental History and Screening – including a mental health component
- Complete Nutrition Screen
- Comprehensive Body Systems Screening
- Health Education and Anticipatory Guidance
- Blood Lead Screening
- Appropriate Laboratory Screening
- Appropriate Immunizations related to Health History and Age
- Appropriate Hearing Screening
- Appropriate Vision Screening
- Appropriate Dental Screening - This includes an oral screen and a mouth health review, as well as the goal of assignment to a dental home by a child's first birthday.

The periodicity schedule for childhood screening follows both the American Academy of Pediatrics and that of Bright Futures. The periodicity guidelines are episodically updated and Kansas follows these recommendations.

Oral Health Kansas facilitates the expansion of sites where extended care permit hygienists can perform assessments, cleanings, fluoride treatments, and apply sealants. These services are able to be performed in schools, nursing homes, Head Start, and Early Head Start sites. Additional sites included in KSA 65-1456 are the homes of children in families receiving Family Services and Family Preservation Services, and in the out of home placements for children in the custody of the Secretary of DCF or the Commissioner of the Kansas Department of Corrections, Juvenile Services (KDOC-JS). Extended care permit hygienists must be experienced hygienists who have a sponsoring dentist who reviews the findings and reports. The MCOs continue to work to increase the number of dentists who are Medicaid providers. Kansas Department of Health and Environment through its Oral Health Services, is training pediatricians and other physicians who complete KBH assessments on how to do the oral health assessment and apply fluoride varnish.

A Medical Checklist tool, Appendix 3D, is used by Child Welfare Case Management Provider (CWCMP) staff to ensure a child's medical needs are addressed on an ongoing basis, including Screening for Fetal Alcohol Spectrum Disorder. Medical issues covered by the Kan-Be-Healthy screening are documented on the Medical Checklist. Additional areas that should be considered when documenting the health needs of a child at the case planning conference include but are not limited to eye and dental examinations.

1. Emotional Trauma

Monitoring and treating the emotional trauma related to children's removal from the home is addressed by CWCMPs, as Kansas has privatized Foster Care and Adoption Services.

KVC is the RE/FC/AD contractor in the Kansas City and East Regions of the State. At KVC, trauma informed care reduces internalizing and externalizing behaviors in children and adolescents that destabilize placements and delay reintegration and adoption efforts. KVC developed systematic approaches to detect child trauma through early screening and assessment activities that continue throughout the life of a case. All children referred to KVC ages 6-18, are screened for traumatic stress by their case manager within the first 14 days of referral using the UCLA PTSD Screening Index. This evidence-based instrument helps case managers identify children who may be in need of ongoing trauma treatment services. KVC also has trauma screening instruments for infants and very young children to enable implementation of services for children in this age range.

Children and adolescents who meet partial or full criteria for traumatic stress receive a full assessment and ongoing services by home-based KVC therapists or are referred to other community mental health providers. Since 2009, KVC has partnered with Dr. Glen Saxe, M.D. Dr. Saxe is the Department Chair for the Department of Child and Adolescent Psychiatry at New York University and the model developer of Trauma Systems Therapy (TST). TST is an evidence-based practice approved by the Substance Abuse and Mental Health Services Administration and the National Child Traumatic Stress Network.

All child-serving divisions of KVC receive training from Dr. Saxe and his team and are engaged in ongoing case consultation. Resource parents also receive TST training through instructor led and on-line learning opportunities, and coaching and support from their family services coordinators on an on-going basis.

The KVC Director of Clinical Services hosts TST phone conferences for children struggling to regulate their emotions. A TST staffing calendar is provided to all staff who can schedule a time to present a child for a team staffing. Mr. Arnet facilitates the call asking questions specific to the child's trauma history, triggers, and behaviors related to dysregulation. Team members on the call may include the case manager, child's therapist, foster, relative, or residential placement, GAL, CASA, MCO Care Coordinator, and any others who know the child best. Next steps are developed and each team member takes responsibility for a task related to improving the child's safety and well-being. It is frequently noted in critical incidents for a child that warrants a mental health screen that he/she has also been scheduled for a TST staffing call.

SFCS is the RE/FC/AD contractor for the West and Wichita Regions. SFCS recognizes the need to incorporate trauma informed care within the agency so have researched, developed and implemented a comprehensive trauma informed care training curriculum across all SFCS programs, for all staff, from the corporate level to field operations, including placements providers and support staff. They use a model derived from the National Child Traumatic Stress Network.

SFCS utilizes a number of initial and ongoing assessments and screening tools to assess, monitor and treat/meet the needs of children and families all of which have trauma components. All assessments available for children/families are utilized to develop case plans and provide or refer for ongoing services for children and families. SFCS has an internal trauma assessment for children who demonstrate extreme behaviors that impact progress toward permanency and have

had minimal benefit from traditional treatments. This assessment is conducted by a certified trauma specialist who also interprets the results for direct care staff and develops specialized treatment strategies.

SFCS's practice model to address the emotional trauma associated with the child's maltreatment and removal from the home is known as Comprehensive Trauma Informed Care (CTIC). CTIC is a three-tiered child welfare trauma model comprised of evidence-based practices (EBP) endorsed by SAMHSA's National Child Traumatic Stress Network (NCTSN) and the National Registry of Evidence-based Programs and Practices (NREPP), or meets the Standards for Evidence-based Practice as defined by the National Association of Public Child Welfare Administrators. The CTIC model ensures that SFCS employees and foster families are well-trained in advanced trauma-informed practice, assessment, and treatment referral to help children and families cope with and heal from emotional trauma associated with maltreatment or removal from the home.

Foster Care Homes' supervisors and staff hold individual case studies on a monthly basis with the Outpatient Mental Health Manager. During these case studies, a selected foster child's case and symptoms are examined that provide insight on behaviors and treatment interventions in an effort to expand general knowledge of the application of trauma informed care.

To assure trauma informed care is infused across all aspects of the, a Trauma Committee was developed through the Client Services Leadership Team (CSLT). The committee includes representatives from Reintegration Foster Care, Adoption, Family Preservation, Outpatient Mental Health Services, Foster Care Homes, PRTF Residential and Clinical Services. The goal is to facilitate the incorporation of Trauma Informed Care into the daily practice of all programs. Each representative is responsible for leading a committee within their program area to accomplish this.

In January, the Children's Alliance of Kansas issued revised curriculum for pre-service training for prospective foster and adoptive families that includes basic elements of trauma-informed care. Trauma Informed Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (TIPS-MAPP) is now being utilized statewide in training all families interesting in becoming foster or adoptive parents.

2. Psychotropic Medication

The oversight of prescription medication includes a DHCF review of treatment plans every 3 months by Community Mental Health Centers (CMHC) and, at a minimum, every 30 days at Psychiatric Residential Treatment Facilities (PRTFs). These reviews assess the medication being given and its effectiveness. Also, some medications require blood tests at given intervals. Private physicians assess the efficacy of medications which have no known risk issues to the patient's overall health every 6 months to a year. They have to adhere to the requirements of the specific drug administered and the reaction to that medication by the individual patient if there are health risks to the patient. PRTF standards, monitored by KDADS, include:

Drugs or medication used for standard treatment of the resident's medical or psychiatric condition shall not be considered a restraint. Standard treatment for the resident's medical condition shall mean the following:

- Medication is used within the pharmaceutical parameters approved by the Federal Drug Administration (FDA) and the Manufacturer for the indications it is manufactured and labeled to address, including listed dosage parameters.
- The use of the medication follows national practice standards established or recognized by the medical community and/or professional medical association or organization
- The use of medication to treat a specific resident's clinical condition is based on the resident's symptoms, overall clinical situation, and on the physician's or other Independent Licensed Practitioner's knowledge of the resident's expected and actual response to the medication.
- The standard use of a medication to treat the resident's condition enables the resident to more effectively or appropriately function in the world around them than would be possible without the use of the medication. If the overall effect of a medication is to reduce the residents' ability to effectively or appropriately interact with the world around the resident, then the medication is not being used as a standard treatment for the resident's condition.

The use of psychopharmacological medication used in excess of the resident's standard plan of care should be considered a restraint. This includes:

- Drugs or medications used to control behavior or restrict the individual's freedom of movement
- Drugs or medications used in excessive amounts or in excessive frequency
- Neuroleptics, anxiolytics, antihistamines, and atypical neuroleptics, or other medications used for calming rather than for the medications' indicated treatment
- All rules, regulations, and guidelines governing the use of restraints apply when these drugs are used as a restraint

PRTFs using psychopharmacological medications as a restraint would receive a corrective action plan by KDADS. The corrective action plan includes actions carried out by the facility to ensure that similar incidents will not occur again. Implementation of these actions is verified and documented by KDADS Quality Assurance Nurse. If the required improvements are not implemented satisfactorily the PRTF would risk losing their certification as a Medicaid eligible facility.

The Psychopharmacology Advisory Committee previously approved the Atypical Antipsychotic Tip Sheet for Pediatric use, which was based on the guidelines developed by AACAP. Kancare MCOs will be asked to post it on their web sites. Sharing of this information will be per the PPS/MH work plan, which is outlined in Attachment 9. An MOU between DCF and KDADS is in place, and in SFY 2015, work on the plan will begin.

CWCMPs have developed their own procedures, in addition to the statewide monitoring, for the monitoring and use of medication for the children in their care.

KVC's goal is to reduce the need for psychotropic medications in children as the effects of medications on the developing brain are unknown. There is no childhood criteria for use nor have there been studies on the use of psychotropic medications on children. KVC maintains stringent oversight of the use of psychotropic medications. KVC's Medical Director, a child psychiatrist, and his staff oversee all psychiatric services provided by KVC to the children in care which includes comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children's mental health and trauma-treatment needs. They also track information about medications prescribed by other physicians to the children served by KVC.

Parent/caregiver participation is a necessary component of assessment and treatment planning for all children in KVC's care, particularly as it relates to the potential prescription of psychotropic medications. KVC facilitates parent-involvement in psychiatric evaluations when the child is in out-of-home placement. Parents are provided information about the recommendations of the treating psychiatrist and are involved in the decision to treat.

KVC's Client Management System database maintains all information regarding psychotropic medication for each child. Case Managers enter all medications prescribed into the database. The KVC system will send an alert to KVC's APRN, Medical Director, Vice President of Clinical Services, and Case Manager if the child has been prescribed two or more medications from the same class, three or more psychotropic medications, a lab is needed for the child, the dosage is above or below what is recommended for treatment, or if the child has remained on the same medications for the last six months with no change. All data is aggregated and reviewed by KVC's APRN and Medical Director. In addition to the specific oversight of medications prescribed, KVC reviews the cases of those children who are on psychotropic medications to ensure appropriate behavioral healthcare services are in place.

Most SFCS foster care youth are treated in the community at Community Mental Health Centers (CMHCs). CMHCs work with the SFCS staff, children/youth, birth parents and foster parents to obtain a complete picture of the child's history, trauma, family mental health history and needs. The focus is on the family as a whole. When a client is exhibiting behaviors that indicate possible need for medication, the CMHC professionals work with the family to refer to the psychiatrist. It is important to determine if the behaviors existed prior to the removal from the home or if they are related to the trauma of being removed from the home.

SFCS utilizes several levels of medication monitoring:

- SFCS has a number of policies and procedures in place to address psychotropic medication and medication management in our Reintegration Foster Care/Adoption and Foster Care Homes programs.
- Clinical utilization reviews with identified high "users"/ high need clients.

- On-staff Clinical Director as part of the Reintegration Foster Care/Adoption program who builds oversight systems, educates field staff to decision trees regarding medication and mental health needs.
- Mental Health Liaison who coordinates with field staff and CMHCs regarding services for clients.
- Board eligible child psychiatrist and Psychiatric APRN who review cases/clients with high medication cocktails (these two staff work at the PRTF).
- Travelling nurse who works with high needs cases across the region, identified through KBHs and medication complexities, and educates families.
- Medication course developed by our APRN for foster families and field staff that eventually was adopted by the Children's Alliance and made state wide with up to date revisions. The training is available on-line.
- Psychotropic Medication & Administration training for FCH staff provided by SFCS APRN in June 2013.

SFCS provides foster parents with 24/7 access to a web-based program called SFCS Families with access to information regarding current children in their home. This program is a secure website that foster parents can log in with a username and password. The information includes medication the child is taking. Foster parents can submit requests to change/update medication information with any updates the foster parent has received which generates an automatic email to assigned staff. If the foster parent does not have access to a computer, then they receive a document in the mail with the above information for the children that are placed in their home. Once the information is verified it becomes "official information" for the child.

SFCS has a Risk Management Program that collates, evaluates and follows up on critical incidents across the agency. Several patterns specific to medications have been identified and now children see the PRTF psychiatrist or APRN until they are connected to a more permanent practitioner for their medications. This is done through in-person assessment and telemedicine to meet the geographic challenges across 75 counties.

The SFCS "Client Services Leadership Team" is a small group of lead agency clinicians that includes the APRN and Psychiatrist. A targeted goal for this team is to successfully develop and implement the Utilization Review of Psychotropic Medications for the children in the RE/FC/AD contract. The team is exploring the use of an automatic report to the physical health physician by the prescribing psychiatrist. It would be the same as when a patient is seen by a specialist, and there is an automatic report sent to general physician. No release/consent is required as it is a continuum of care and HIPAA supports this. The team conducted a literature review including the KU School of Social Welfare study: "Medicaid Children's Focused Study: Prescribing Patterns of Psychotropic Drugs Among Child Medicaid Beneficiaries in the State of Kansas".

KDADS has primary responsibility for the public mental health and substance abuse treatment systems, and key components of those systems are community based managed care programs that include Medicaid funded services for youth in the child welfare/foster care systems. The access, quality, performance management and oversight criteria for those programs all apply equally to these youth, and are monitored extensively by state staff. Oversight of those programs is shared collaboratively between KDADS and DHCF, as well as consumers, family members, providers and other interested stakeholders. State Quality Committees that review key outcomes,

as well as a cross agency Managed Care Oversight Group, meet regularly to review trends and respond to system issues. Communication, collaboration and coordination have increased with the implementation of Kancare to assure successful implementation of the new system. Dedicated program staff meet regularly with managed care contractor staff, and also receive monthly reporting packages, to review and respond to ongoing program management as well as individual consumer grievances, concerns or program issues.

When the community based mental health managed care program was being developed, DCF identified as a key value that the provider network would be expanded to include child welfare providers. Extensive work was done with the managed care contractor to ensure that the provider network was expanded and strengthened to include child welfare-related providers.

In addition to the program development/delivery level connections, DCF collaborates and coordinates with DHCF regarding Medicaid services at several systemic levels, including:

- Monthly meetings between leadership staff at both agencies, to identify and respond to system concerns, program trends, legislative and other issues of mutual interest.
- Twice monthly meetings between senior managers at both agencies, to identify and respond to program or system issues, as well as Centers for Medicare and Medicaid Services (CMS) submissions and liaison matters, across agencies and program areas.
- Quarterly Managed Care Oversight Group meetings that review service outcomes and trends related to community based managed care mental health and substance abuse programs.
- Both agencies are governed by an extensive Interagency Agreement that includes additional details as to how the system and program connections will be implemented over time.
- Developing Prevention and Protection Services (PPS) policy on assisting youth, during transition planning, with understanding the importance of designating a person to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and there is no relative who would be authorized to make such decisions, through execution a health care power of attorney, health care proxy, or other similar document recognized by Kansas law.
- Developing PPS policy on instructing youth on the use of prescribed medication as a part of the transition planning process.

WORK PLAN: Children & Family Services State Plan Compliance

Goals: Decrease the prevalence of psychotropic medication prescriptions among children in out-of-home (OOH) placement within the Kansas foster care system.		Measure of Success: Data will clearly show a decrease in psychotropic medications, particularly concurrent medications, being prescribed to youth in out-of-home placement within the state foster care system.
Objectives	Activities	Data/Evaluation

<p>Team Members will develop a comprehensive state plan to support the decrease in prevalence of psychotropic medication prescriptions among children in out-of-home placement within the state foster care system.</p>	<ul style="list-style-type: none"> • Review progress to date to finalize and approve practice guidelines and protocols. • Using the MMIS & FACTS databases, develop a monitoring system to support the identification of psychotropic medications being prescribed to OOH youth, particularly instances of polypharmacy. • Seek a professional medical position to provide oversight & review of data, report to multidisciplinary team, and other duties as needed. • Develop a multidisciplinary team which will: 1) develop protocols, guidelines, and work with hired staff on concerns found in data; 2) support increasing awareness statewide, develop dissemination strategy for ; 3) to send out approved practice guidelines; 4)review recommendations from KU Focused Study and implement. • Develop the Shared Decision Making project in the PRTFs. 	<p>Completed, to be placed on KHS website</p> <p>In process</p> <p>Ask CWCMPs about options within their organizations</p> <p>Work with PRTF Stakeholder group to assess possibilities</p>
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C. Disaster Plan

The prime objective of PPS' Child Welfare System Disaster Plan is to maintain the ability to know the location and situation of children and families receiving service. PPS' plan is designed to work with Child Welfare Providers, resource parents, service providers and community partners to maintain support, communications and services. This plan is based upon the procedures established in the DCF Disaster Plan (data and communication recovery for operations) and the Adjutant General's, Division of Emergency Management's plan for natural and manmade disasters. PPS' Plan also utilizes the planning and best practices from the U.S. Department of Health and Human Services and other states regarding disaster planning.

Methodologies prescribed in the plan are to provide guidance to PPS Central Office, Regional Staff and those providing direct services to children and families. These methodologies are to ensure PPS:

- Maintains the capacity to communicate with the child, family and those providing services.
- Has knowledge of pre-existing needs and needs created by the disaster in order to properly respond.
- Maintains a progression of services according to the case plan.

PPS' Plan allows for continual operations in any category, type and geographical coverage of a disaster. Geographical coverage of a disaster can range from localized situations in which normal operations is maintained to a disaster affect a large portion of the state or the entire state. A disaster affecting a large portion or the entire state would dispute operations by requiring relocation and evacuation for PPS operations, staff and all involved in the child welfare system.

In order to accomplish PPS' prime objective to maintain knowledge of the location and situation for those receiving services, the plan is designed to enhance collaboration and coordination between DCF, Child Welfare Providers, Community Partners, Stakeholders, federal and state agencies and local emergency planning agencies. Implementation will require these organizations to work together to develop flexible strategies. The Plan recognizes that service providers have direct contact and information regarding those receiving services.

Therefore, the key to PPS' Child Welfare System Disaster Plan is for PPS to maintain the information systems, regardless of whether or not operation is relocated, to identify all in services prior to the disaster AND to provide the communication link for the Child Welfare Providers, resource parents, service providers and community partners to receive current information on the welfare, services, needs and location of children and families.

The plan relies on PPS to maintain a focal point for communications. (Attachments 10-19)

D. Training Plan

The State of Kansas has claimed no training at the 75% FFP since April, 1, 2013, due to the difficulty of identifying and segregating qualified expenses. However, effective October 1, 2014, the State of Kansas will resume claiming 75% FFP for PS MAPP and Deciding Together training. Additionally, the State will claim 75% FFP for On-Going Training provided to foster (including kin) and adoptive parents. All other eligible training will be claimed at the regular 50% administrative FFP rate. Total computable costs subject to the 75% FFP is estimated to be less than \$1.0 million. (Attachments 20-24)

1. Training for DCF and CWCMP Staff

The Kansas Child Welfare Training System is enhanced by our public/private partnership. Although each Child Welfare Case Management Provider (CWCMP) may have a different business and organizational model consistency in practice and outcomes in the system is gained through commitment of each child welfare partner to the goals of Safety, Permanency and Well-Being and use of common practice principles (family-centered, strengths-based, culturally responsive, family involvement, accountability and community based services) that have been embedded in contracts and training content. Child welfare training is conducted by DCF and the CWCMPs for their respective staff. Since the new contracts began, great emphasis has been placed on cross-training and coordination between training staff of DCF and the CWCMPs. See Attachments, section Assessment of Performance and Plan for Improvement; Training Systemic Factor.

Child Welfare Training in Kansas is provided in several different formats: including online, computer-based, blended and classroom delivery.

- Online training is provided through Pathlore, DCF Training Center's Learning Management System (LMS) and KS-Train both are available for DCF staff and CWCMPs;
- Computer-based training includes courses that are completed on computers that are not connected to a network;
- Blended training includes courses that have been created or modified for some activities to be completed online by the individual and some activities to be completed either individually or with a group in consultation with a trainer or supervisor;
- Classroom delivery is provided in a face-to-face environment.

The DCF/PPS training system consists of PPS staff, DCF Strategic Development and Training, Child Welfare Case Management Providers, universities, and contracted training organizations.

DCF/PPS online training will be delivered through DCF's Pathlore LMS. Pathlore will also serve as the statewide data tracking system for all training within the Kansas child welfare system.

Social Workers employed by the Department for Children and Families, Prevention and Protection Services are required to have at least a Bachelor's degree in Social Work (BSW) plus licensure at the BSW level in Kansas. This provides a baseline of social work practice knowledge obtained through a college or university program accredited by the Council on Social Work Education. (Graduates who have not completed licensing may be temporarily employed as Special Investigators or as Social Workers under a temporary license for up to six months pending full licensure; with reclassification as Social Work Specialists at the point of full licensure.)

DCF Social Work Specialists and Special Investigators are all required to complete Initial Staff Training. This includes pre-service training requirements (prior to caseload assignment) and training that must be completed within 90 days of entering a position.

The online Pre-service Case Management course is required prior to caseload assignment for all CWCMP staff and is not currently a part of the pre-service requirements for DCF staff. Pre-service requirements for DCF staff include both online and classroom courses for all positions. Core, Advanced Core and Special Topic courses are available to both DCF and CWCMP staff. At this time, each entity determines the ongoing training requirements for their staff and is involved in identifying training topics and in course delivery.

2. Foster Parent and Adoptive Parent Training

Kansas requires the Partnering for Safety and Permanency - Model Approach to Partnerships in Parenting (PS-MAPP) be completed by foster parents prior to becoming licensed. Approved adoptive parents are also required to complete PS-MAPP and relatives can be directed to complete the training if it is deemed necessary. PS-MAPP is a nationally recognized pre-service training for foster parents that assure a consistent curriculum and fidelity to the model.

The PS-MAPP curriculum model includes family and individual assessments; ten 3-hour meetings designed to mutually prepare, assess, and make selection decisions; a focus on skill building that assures preparation/selection workers can observe the skills in action in order to document the skills in the home study; PS-MAPP Family Consultations that offer private time for the prospective adoptive/foster family and PS-MAPP leader to discuss strengths, progress and family needs and plan ways to meet identified needs; a Professional Development Plan for growth while becoming an adoptive/foster family or children welfare advocate; a Summary and Recommendation document that creates a summary of the family's behavioral struggles and needs at the completion of the program and to clearly state next steps for professional development.

DCF has a contract with the children's Alliance of Kansas (CAK) for PS-MAPP training. CAK provides the curriculum and leader training to staff from private Child Placing Agencies (CPA), and monitors the training completed. Another form of PS-MAPP, PS-Deciding Together may be substituted in situations where group training is not possible. Staff from DCF, KDOC-JS, group homes and other agencies may also attend PS-MAPP classes.

Over the past year, PS-MAPP was revised to include trauma informed care. It will be titled "Trauma Informed PS-MAPP" and is being referred to as TIPS-MAPP. CAK worked with the

National Child Traumatic Stress Network as well as a committee made up of about 14-16 professionals from different areas within child welfare to complete the revisions. CAK also developed a curriculum for relatives, "Caring for Our Own." The training of trainers has just been completed and training sessions will begin during the next year.

The contract with CAK also includes training to provide on-going foster parent training. A multitude of courses on various topics are available through this training network. In addition, on-line training is available for Medication Administration, Universal Precautions, PS-MAPP Update, and Ethical Relationships in Child Welfare.

XVII. FINANCIAL INFORMATION

The CFS-101 is an attachment to the E-mail as a PDF. File. Included with the CFS-101 is supporting documentation regarding Title IV-B Subpart 1 expenditures.

Section I - Financial Information Part 2 - Payment Limitations - Title IV-B, Subpart 2

State & local share spending for Title IV-B, subpart 2 programs for FFY 2012
against SFY 1992 base year amount – nonsupplantation requirements in
Section 432(a)(7)(A)

Category	<u>1992</u>	<u>2012</u>
Family Services	\$ 1,661	\$ 334,208
Family Preservation	\$ -	\$ 1,373,953
Time Limited Reunification	\$ 27,424,568	\$ 60,100,928
Adoption promotion & support	\$ 1,072,510	\$ 5,695,966
Total	\$ 28,498,739	\$ 67,505,055

Payment Limitations for Title IV-B, subpart I, are in the following table.

State of Kansas

FFY 2012 Title IV-B Child and Family Services

Plan

Section G - Financial

Information

Payment Limitations-Title IV-

B, subpart

FFY 2005, Title IV-B,

subpart I expenditures:

Child Care \$ 00.00

Foster Care \$ 439,792.49

Adoption
Assistance \$ 95,070.09

Total FFY
2005
Expenditures \$ 534,862.58

FFY 2005, non-federal state match
expenditures:

Child Care \$ -
Foster Care \$ 146,597.50
Adoption
Assistance \$ 31,690.03

Total FFY
2005 non-
federal match
Expenditures \$ 178,287.53